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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-08

FLEET - PRIVATE VEHICLE

LOCATION - PENNSYLVANIA

ACCIDENT DATE - [REDACTED], 1996

Submitted By:

[REDACTED]
Senior Staff Associate

and

[REDACTED]
Associate Scientist

[REDACTED], 1996

Revised Submission:

[REDACTED], 1996

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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15. Supplementary Notes On-site air bag deployment investigation involving a 1994 Dodge Caravan SE, 7-passenger minivan, with manual belts and dual air bags			
16. Abstract This report covers an on-site investigation of an air bag deployment crash that involved a 1994 Dodge Caravan SE and a 1994 Nissan Altima. This crash is of special interest because the Caravan's right front passenger subsequently died from severe injuries she sustained after being struck by her deploying right front air bag. The Caravan was traveling north in the outside lane of the two-lane, northbound roadway which is part of a four-lane, divided, Interstate highway. The Altima was also traveling north in the same, outside lane and had stopped due to traffic merging up ahead from the inside lane. Northbound traffic, in general, was slowing because of road maintenance on the left shoulder which caused the inside northbound lane to be closed. According to the Caravan's driver, he looked away momentarily only to realize upon returning his attention that traffic had stopped ahead. The front of the Caravan (case vehicle) impacted the back of the Altima (vehicle #2) causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The driver of the vehicle (75 year-old male) was normally postured, with his seat track located between its middle and forward-most position, and the steering wheel was located in its middle position. He was also restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview and his/her medical records, minor injuries which included: abrasions to the bridge of his nose, the dorsum of his right hand, and his right pre-patellar, and mid-tibial regions. In addition, he sustained multiple unspecified contusions. The right front passenger (98 year-old female) in the Caravan was abnormally postured--turned to her left, with her seat track located between its middle and forward-most position, and was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to the interview with the Caravan's driver (i.e., husband) and her medical records, severe injuries which included: a fatal brain stem herniation resulting from a right subdural hematoma. In addition, she sustained a right cerebral frontal lobe contusion and diffuse right side edema with asymmetric ventricles; open, comminuted, fractures of her right distal ulna--with ulnar nerve injury, and distal radius; a dislocation of her right ulnar-carpal joint; an injury to her ulnar artery; multiple facial contusions; a right eyebrow laceration; a right hand contusion; and lacerations over the dorsum of her right fingers.			
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-08

FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA

SUMMARY

This report concerns a motor vehicle crash involving an air bag-equipped 1994 Dodge Caravan SE, seven-passenger minivan, and a 1994 Nissan Altima, four-door sedan, occurring in ██████████ 1996 at 12:05 p.m., in a rural area on an Interstate highway. This crash is of special interest because the case vehicle's right front passenger subsequently died from severe injuries she sustained after being struck by her deploying right front air bag.

The Caravan was traveling north in the outside lane of the two-lane, northbound roadway which is part of a four-lane, divided, Interstate highway. The Altima was also traveling north in the same, outside lane and had stopped due to traffic merging up ahead from the inside lane. Northbound traffic, in general, was slowing because of road maintenance on the left shoulder which caused the inside northbound lane to be closed. According to the Caravan's driver, he looked away momentarily only to realize upon returning his attention that traffic had stopped ahead. The Caravan continued essentially northward after impact and came to rest heading north in the northbound lane. Vehicle #2 most likely was pushed forward after impact and also came to rest heading north in the northbound inside lane. According to the Police Accident Report, both vehicles were found, upon their arrival, on the east shoulder of the northbound Interstate highway.

The front of the Caravan impacted the back of the Altima. The CDC was determined to be: 12-FDEW-1 for the Caravan. With no inspection or photographs of the Altima, its CDC was not estimable. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that actual vehicular crush measurements be obtained; however, this contractor's visually estimated Delta V for the Caravan is between 20 km.p.h. (12 m.p.h.) and 25 km.p.h. (16 m.p.h.).

The 1994 Dodge Caravan SE was equipped with both driver and right front passenger side supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (75 year-old male) was normally postured, with his seat track located between its middle and forward-most position, and the steering wheel was located in its middle position. He was also restrained by his available, active, three-point, lap and shoulder belt and sustained, according to his interview and medical records, minor injuries which included: abrasions to the bridge of his nose, the dorsum of his right hand, and his right pre-patellar, and mid-tibial regions. In addition, he sustained multiple unspecified contusions. The right front passenger (98 year-old female) in the Caravan was abnormally postured--turned to her left, with her seat track located between its middle and forward-most position, and was also restrained by her available, active, three-point, lap and shoulder belt. She sustained, according to the interview with the Caravan's driver (i.e., husband) and her medical records, severe injuries which included: a fatal brain stem herniation resulting from a right subdural hematoma. In addition, she sustained a right cerebral frontal lobe contusion and diffuse right side edema with asymmetric ventricles; open, comminuted, fractures of her right distal ulna--with ulnar nerve injury, and distal radius; a dislocation of her right ulnar-carpal joint; an injury to her ulnar artery; multiple facial contusions; a right eyebrow laceration; a right hand contusion; and lacerations over the dorsum of her right fingers. The 1994 Nissan Altima was equipped with both driver and right front passenger side supplemental restraint systems (air bags), but neither deployed as a result of its rear impact. The driver (58 year-old male) of the Altima was normally postured, with his seat track located in its rearmost position, and no tilt steering wheel option was available. He was also restrained by his available, active, two-point lap belt and automatic, motorized, two-point, shoulder belt and, according to his interview, did not sustain any injuries as a result of this crash.

Road Surface: Asphalt
Road Condition: Dry
Curvature: Straight
Grade, pre-impact = Level
Grade, at impact = Level
Grade, between im-
pact and final rest = Level

NO ON-SCENE INSPECTION!

See footnote to **ROADWAY** section on following page!

TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-08

FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA

ACCIDENT DATA

Location/Street:	Interstate
State:	Pennsylvania
Area/Type:	Rural, industrial
Accident Date/Time:	██████████ 1996 @ 12:05 p.m.
Investigating Police Agency:	Pennsylvania State Police
Accident Type:	Minivan / Car - Rear-end
Occupant Injury Severity (air bag vehicle):	Subdural Hematoma (AIS-4)

AMBIENT CONDITIONS

Light Conditions:	Daylight
Weather Condition:	Clear, (no clouds)
Precipitation:	None
Road Surface:	Dry
Temperature:	35 degrees F @ ██████████ ██████████ Pennsylvania

ROADWAY¹

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	Interstate	Interstate
Number of Travel Lanes:	Four lanes, divided; two lanes southbound, two lanes northbound	Four lanes, divided; two lanes southbound, two lanes northbound
Width:	Unknown	Unknown

¹ On this Special Crash Investigation, this contractor was requested to only inspect the Case Vehicle because the crash occurred in Pennsylvania on an Interstate that was undergoing road maintenance and the Case Vehicle had subsequently been driven to Canada; therefore, the scene data are taken from the Police Accident Report and/or our interview with the Case Vehicle's Driver.

ROADWAY (CONTINUED)¹

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Surface Type:	Bituminous per witness	Bituminous per witness
Median:	Unknown type median with unknown type of longitudinal barrier	Unknown type median with unknown type of longitudinal barrier
Shoulders:	Unknown width of paved shoulders on both east and west sides of roadway	Unknown width of paved shoulders on both east and west sides of roadway
Vertical alignment:	Level per Police Accident Report	Level per Police Accident Report
Horizontal alignment:	Straight per Police Accident Report diagram	Straight per Police Accident Report diagram
Estimated Coefficient of Friction:	Unknown	Unknown
Traffic Density:	Heavy per Case Vehicle's driver	Moderate to heavy per Vehicle #2's driver

TRAFFIC CONTROLS¹

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	4 x 8 foot flashing arrow board hauled by State highway vehicle alerting traffic of lane reduction	4 x 8 foot flashing arrow board hauled by State highway vehicle alerting traffic of lane reduction
Signs:	Construction and Maintenance warning signs: REDUCED SPEED LIMIT AHEAD, LEFT LANE CLOSED AHEAD	Construction and Maintenance warning signs: REDUCED SPEED LIMIT AHEAD, LEFT LANE CLOSED AHEAD
Markings:	Dashed white lane lines between outside and inside northbound lanes	Dashed white lane lines between outside and inside northbound lanes
Speed Limit:	64 km.p.h. (40 m.p.h.) - reduced because of road maintenance; posted 89 km.p.h. (55 m.p.h.)	64 km.p.h. (40 m.p.h.) - reduced because of road maintenance; posted 89 km.p.h. (55 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1994	1994
Make:	Dodge	Nissan
Model:	Caravan SE	Altima GXE
Body Type:	Minivan, seven-passengers	Four-door sedan, four-passengers
V.I.N.	2B4GH4535RR-----	1N4BU31D3RC-----
Color:	Blue	Unknown
Mileage:	22,868 km (14,210 miles)	116,677 km (72,500 mi)
Engine:	3.0 liters, V-6	2.4 liters, I4
Transmission:	Three-speed automatic	Five-speed manual or four-speed automatic
Steering:	Power-assisted, rack-and-pinion	Power-assisted, rack-and-pinion
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front disc, rear disc or drum
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Unknown
Active Restraints:	Three-point, manual, lap and shoulder belts in front, second, and rear outboard seating positions; lap belt only at rear center seating position	Two-point, manual, lap belt in front outboard seating positions; three-point, manual, lap and shoulder belts in rear outboard seating positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	Factory installed driver and right front passenger supplemental restraint systems (air bags); two-point motorized shoulder belt in front outboard seating positions
Defects:	None	Unknown
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Driven away

VEHICLE DAMAGE²

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Front	Rear
Vertical Location		
On Plane:	Bumper and grille	Unknown
Direct Begins:	Unknown ²	Unknown
Length Direct:	Unknown ²	Unknown
Field L:	Unknown ²	Unknown
C ₁ :	Unknown ²	Unknown
C ₂ :	Unknown ²	Unknown
C ₃ :	Unknown ²	Unknown
C ₄ :	Unknown ²	Unknown
C ₅ :	Unknown ²	Unknown
C ₆ :	Unknown ²	Unknown
D:	Unknown ²	Unknown
Maximum Crush:	Unknown ²	Unknown
Location:	Unknown ²	Unknown
CDC:	12-FDEW-1	Unknown
Damaged Components:	Bumper, grille, both headlight assemblies, and hood	Unknown
<u>INTERIOR</u>		
Damaged Components:	Driver and right front passenger air bag modules	Unknown
Other Evidence of Occupant Contact:	Glovebox door and right front passenger side sun- visor and roof	Unknown
Manual Restraint System Failures:	None	Unknown
Seat Performance Failures:	None	Unknown
<u>REPAIR</u>		
Cost Estimate:	\$5,639	Unknown

² The case vehicle was partially repaired in Pennsylvania so that it could be driven back to Canada. As a result the exact crush profile was unknown at the time of this contractor's vehicle inspection.

VEHICLE VELOCITY ESTIMATES²

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	None	None
Program Algorithm:	Not applicable	Not applicable
Travel Speed ² :	35 km.p.h. (22 m.p.h.)	0 km.p.h. (0 m.p.h.)
Total Delta "V":	Unknown	Unknown
Longitudinal Delta "V":	Unknown	Unknown
Lateral Delta "V":	Unknown	Unknown

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver, the case vehicle (Caravan) was traveling north in the outside lane of the two-lane, northbound roadway which is part of a four-lane, divided, Interstate highway (i.e. two southbound and two northbound lanes) and was intending to continue in its northbound direction of travel. According to the Police Accident Report and vehicle #2's driver, vehicle #2 (Altima) was also traveling north in the same, outside lane of the two-lane, northbound roadway and had stopped due to traffic merging up ahead from the inside lane into the outside traffic lane. According to the Police Accident Report and the driver of Vehicle #2, northbound traffic, in general, was slowing because of road maintenance along the east berm (i.e., left shoulder) causing the inside northbound lane to be closed. According to the case vehicle's driver, he looked away momentarily only to realize upon returning his attention to the traffic ahead that traffic had stopped. According to the case vehicle's driver, he attempted to brake (without lock-up). The case vehicle continued straight ahead prior to impact. According to vehicle #2's driver, he saw the case vehicle coming but made no pre-crash avoidance maneuvers. The crash occurred in the inside northbound lane of the northbound roadway.

CRASH: According to the inspection of the case vehicle, the Police Accident Report, and the interviews with the two drivers, the front of the case vehicle impacted the back of vehicle #2 causing the case vehicle's driver and right front passenger side supplemental restraint systems (air bags) to deploy. Vehicle #2 was equipped with both driver and right front passenger side supplemental restraint systems (air bags), but neither deployed as a result of its rear impact. Although the case vehicle's bumper and radiator had been replaced at the time of this contractor's

² The Police Accident Report indicates that the case vehicle was traveling 64 km.p.h. (40 m.p.h.) prior to the crash. The driver's medical records indicate that the case vehicle impacted vehicle #2 at 80 km.p.h. (50 m.p.h.). The case vehicle's driver indicated that he struck vehicle #2 at 31-40 km.p.h. (20-25 m.p.h.). Given the case vehicle driver's reported braking and that vehicle #2 was driven away, the driver's reported impact speed appears reasonable and not inconsistent with the Police Accident Report. The medically reported speeds appear unreasonable.

COLLISION SEQUENCE (CONTINUED)

Crash: (Continued)

inspection³, the frontal damage appears to be primarily to the bumper, indicating that the case vehicle driver's attempted avoidance maneuver (braking) occurred just prior to the impact with vehicle #2. According to the case vehicle's driver, the case vehicle continued essentially northward after impact and came to rest no more than a meter (3.3 feet) from where the impact occurred, heading in the same northerly direction. Vehicle #2 most likely was pushed forward after impact and also came to rest heading north in the northbound inside lane. According to the Police Accident Report, both vehicles were found, upon their arrival, on the east shoulder of the northbound Interstate highway.

POST-CRASH:

Occupants: According to the Police Accident Report and the case vehicle's driver, the driver of the case vehicle remained inside the vehicle at final rest. He was conscious and able to exit the vehicle under his own power. According to the Police Accident Report and the case vehicle's driver, the right front passenger remained inside the vehicle at final rest. She was conscious but was unable because of her injuries to exit the case vehicle. According to the Police Accident Report and the case vehicle's driver, both the driver and the right front passenger were restrained by their available, manual, three-point, lap and shoulder belts. According to the Police Accident Report and the driver of vehicle #2, he was using his available restraints. According to the driver, his restraints included a manual, two-point lap belt and an automatic, motorized, two-point shoulder belt.

Police: The investigating police agency was notified of the accident immediately by a maintenance attendant who witnessed the crash and arrived on-scene within five minutes. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: According to the Police Accident Report, the driver was transported by a police vehicle to a medical facility where, according to the driver, he was treated and released. According to the driver's interview and medical records, he sustained abrasions to the bridge of his nose, the dorsum of his right hand, and his right pre-patellar, and mid-tibial regions. In addition, he sustained multiple unspecified contusions. According to the Police Accident Report, the case vehicle's driver, and the right front passenger's medical records, she was transported by ambulance to a medical facility where she was hospitalized. The occupant subsequently expired two days later in the hospital. According to the right front passenger's medical records, she sustained a fatal brain stem herniation resulting from a right subdural hematoma. In addition, she sustained a right cerebral frontal lobe contusion and diffuse right side edema with asymmetric ventricles; open, comminuted, fractures of her right distal ulna--with ulnar nerve injury, and distal radius; a dislocation of her right ulnar-carpal joint; an injury to her ulnar

³ These components were replaced so that the case vehicle could be driven home to Canada where it was subsequently repaired.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Rescue: (Continued)

artery; multiple facial contusions; a right eyebrow laceration; a right hand contusion; and lacerations over the dorsum of her right fingers.

According to the Police Accident Report and the driver of vehicle #2, he was not transported and did not require medical attention. In addition, according to vehicle #2's driver, he was not injured.

Removal: Following the police investigation, the case vehicle was towed from the scene, and vehicle #2 was driven away.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	75 year-old	58 year-old
Sex:	Male	Male
Height:	175 cm (69 in)	188 cm (74 in)
Weight:	70 kg (155 lbs)	91 kg (200 lbs)
Occupation:	Retired	Salesman
Active Restraint System/Usage:	Three-point lap and shoulder/Used	Two-point lap belt/used
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Interviewee and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag / air bag deployed	Motorized two-point shoulder belt/used; factory installed air bag/air bag did not deploy
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Interviewee (belt and air bag) and Police Accident Report (belt)
Eyeglasses/contacts:	Eyeglasses	Unknown
Vehicle Familiarity:	22 months, 20,000 km (12,427 mi) total	19 months, 80,467 km (50,000 mi) last 12 months
Route Familiarity:	Very infrequently, second time on road	Two times a month

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

<u>DRIVERS:</u> (Continued)	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Trip Plan:	Social/recreational (Florida) to home	Work (sales call) to restaurant
Manner of Leaving Scene:	With police per Police Accident Report	Driven away
Type of Medical Treatment:	Treated and released	None
<u>RIGHT FRONT PASSENGER:</u>	<u>Case Vehicle</u>	
Age:	98 year-old	
Sex:	Female	
Height:	160 cm (63 in) per case vehicle's driver; 163 cm (64 in) per medical records	
Weight:	47 kg (103 lbs) per case vehicle's driver; 57 kg (126 lbs) per medical records	
Active Restraint System/Usage:	3-point lap and shoulder/Used	
Usage Source:	Vehicle inspection, interviewee, Police Accident Report	
Passive Restraint System/Usage:	Right front air bag/Deployed	
Usage Source:	Vehicle inspection, interviewee, Police accident Report	
Eyeglasses/contacts:	Eyeglasses	
Manner of Leaving Scene:	Ambulance	
Type of Medical Treatment:	Hospitalized, subsequently died in hospital	

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion left side of bridge of nose	390202.1,4	3	Air bag, driver's side and glasses	{Certain}
Abrasion dorsum right hand	790202.1,1	3	Center dash and below	{Possible}
Abrasions right pre-patellar and mid-tibial regions	890202.1,1	3	Left lower dash	{Probable}
Contusions, not further specified	990400.1,9	3	Unknown	{Unknown}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{5,6,7,8,9,10}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Brain stem herniation ⁵	140202.5,8	2	Air bag, passenger's side	{Probable} ⁹
Hematoma, subdural, over right ⁶ cerebrum	140650.4,1	2	Air bag, passenger's side	{Certain}
Contusion ⁷ right frontal lobe	140606.3,1	2	Air bag, passenger's side	{Certain}
Edema, diffuse, on right with asymmetry of ventricles ⁸	140670.3,1	2	Air bag, passenger's side	{Certain}
Fracture, open, comminuted, displaced, right distal ulna with ulnar nerve injury	753206.3,1	2	Roof near right front sunvisor	{Probable} ¹⁰
Fracture, comminuted, impacted, right distal radius	752804.3,1	2	Roof near right front sunvisor	{Probable} ¹⁰
Dislocation right ulnar carpal articulation	751430.2,1	3	Roof near right front sunvisor	{Probable} ¹⁰
Injury to ulnar artery	721099.1,1	2	Roof near right front sunvisor	{Probable} ¹⁰
Contusion {bruising} right forehead	290402.1,7	2	Air bag, passenger's side	{Certain}
Laceration, 2-3 millimeters (0.1 inch) over right eyebrow ridge	290602.1,7	3	Air bag, passenger's side and eyeglasses	{Certain}
Contusion {bruising} below right eye	290402.1,1	2	Air bag, passenger's side	{Certain}

⁵ According to this patient's Discharge Summary, she "was somewhat more alert (*i.e., on the first day post-crash*) than she was the day of the accident. A repeat CT scan was obtained which did show improvement of the subdural hematoma. She continued to progress well throughout the day." In the evening of the second post-crash day, "the patient did develop a hypertensive episode which was managed Immediately, though, after the episode the patient began to exhibit signs of neurologic deterioration. Her pupils became fixed and dilated. She began to decerebrate posture and began to have an up going Babinski sign. Throughout that day (*i.e., evening*) and into the morning (*i.e., second post-crash day*), she continued in this status. Approximately 11 a.m. this morning the patient began to bradycardia. She eventually bradied down and became asystolic with the time of death being ... this morning. ... the cause of death is secondary to a brain stem herniation due to an enlargement of this (*i.e., subdural*) hematoma.

⁶ The subdural hematoma was initially detected (on CAT scan) as overlying the right frontal, parietal, and temporal lobes. A second CAT scan noted the hematoma as overlying the frontal and parietal lobes.

⁷ The initial CAT scan identified a hypodensity at the corticomedullary junction on the right frontal lobe near the vertex. Initially, this injury was described as probably a shear (*i.e., diffuse axonal--white matter shearing*) injury. After the second CAT scan, the diagnosis was changed to contusion and possibly a shear injury.

⁸ This patient had a suspected left lateral intraventricular hemorrhage; however, she died before this lesion could be confirmed, and no autopsy was performed.

⁹ It is possible that the fatal buildup of blood that caused the brain stem compression (herniation) had nothing to do with the subdural hematoma. The hypertension which subsequently developed on the first post-crash day could have caused another blood vessel in her brain, given her age, to rupture and cause the hemorrhagic pressure.

¹⁰ It is possible that the right front passenger's right wrist was struck with sufficient force by her deploying air bag that the air bag injured her distal right forearm/wrist.

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion {ecchymosis} with edema right lower lip	290402.1,8	2	Air bag, passenger's side	{Certain}
Contusion {ecchymosis} with edema right hand	790402.1,1	3	Sunvisor, right front	{Probable} ¹⁰
Laceration over dorsum of right fingers	790600.1,1	3	Sunvisor, right front	{Possible} ¹⁰

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, prior to the crash he was: sitting in an upright position with the right side of his back against the seatback, partially turned to the right toward the right front passenger (i.e., his wife), his left hand was on the steering wheel, his right hand was outstretched towards the right front passenger--attempting to retrieve a cigarette, his left foot was on the floor, and his right foot was on the brake slowing his vehicle. However, in this contractor's opinion, immediately prior to the crash he was normally postured [i.e., back against the seatback, facing forward looking at vehicle #2, and his right arm most likely either near (i.e., returning his right arm toward the steering wheel) or on the steering wheel]. According to the vehicle inspection, the driver's seat track position was found in the rearmost position. According to the driver, he normally drives with the seat track located between its middle and forward-most position¹¹ and the seatback in the upright position. According to the vehicle inspection and the case vehicle's driver, the vehicle's tilt steering wheel was located in its middle position. According to the Police Accident Report and the case vehicle's driver, he was wearing his available, active, three-point, lap and shoulder belt. The vehicle inspection showed no conclusive evidence of usage during the impact. According to the case vehicle's driver, he braked¹² just prior to the crash. As a result of this avoidance maneuver, the case vehicle's driver most likely moved forward, slightly loading his available safety belts.

Based on the Police Accident Report, the vehicle inspection, the interview with the driver, and occupant kinematic principles, the case vehicle's frontal impact, with vehicle #2, not only deployed the driver side air bag, but thrust the driver forward and slightly upward, loading his

¹¹ It is unclear why the driver's seat was located at its rearmost track position given the driver's indicated normal position.

¹² According to the case vehicle's driver, he did not lockup his brakes. Since the driver indicated that the vehicle was slowing prior to his recognition of the impending collision, the driver, most likely, pressed harder on the brake after realization of the impending collision.

CASE VEHICLE DRIVER KINEMATICS (CONTINUED)

three-point, lap and shoulder belt. According to the case vehicle's driver, upon impact he could not recall how he moved, other than recalling that he struck his air bag. The vehicle inspection revealed what appeared to be skin on the driver's air bag; see **SELECTED PHOTOGRAPHS #10** and **#11**. This evidence indicates that the driver moved forward at impact, concurring with the driver's recollection and occupant kinematic principles. According to the case vehicle's driver and his medical records, he sustained a contusion to the bridge of his nose when to his eyeglasses were shoved into his face when he struck the deploying air bag. The case vehicle's active, three-point, lap and shoulder belt and driver side supplemental restraint system (air bag) performed as designed and kept the driver from sustaining any serious injuries.

The case vehicle's driver most likely rebounded rearward after his vehicle's impact with vehicle #2. At final rest, according to the case vehicle's driver, he could not recall how he was positioned, but he did not believe that he was out of his original seating position.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS

According to the case vehicle's driver, just prior to the crash the right front passenger (i.e., his wife) was abnormally postured (i.e., sitting in an upright position with her lower back against the seatback, her upper body most likely turned slightly to the left to hand¹³ the driver a cigarette, and both her feet on the floor). According to the vehicle inspection, the right front passenger's seat track position was found in the rearmost position. According to the case vehicle's driver, she normally sits with the seat track located between its middle and forward-most position and the seatback in the upright position. According to the Police Accident Report and the case vehicle's driver, she was wearing her available, active, three-point, lap and shoulder belt. The vehicle inspection showed definite usage including skin transfers on the torso portion from her arms and blood on the lap and torso belt portions; see **SELECTED PHOTOGRAPHS #23** through **#25**. As a result of the driver's avoidance maneuver, the right front passenger most likely moved forward, slightly loading her available safety belts.

Based on the Police Accident Report, the vehicle inspection, the interview with the driver, and occupant kinematic principles, the case vehicle's frontal impact not only deployed the right front passenger side air bag, but thrust the right front passenger forward and slightly upward--leading with her right side, loading her three-point, lap and shoulder belt. Because this occupant was turned, her abnormal posture most likely enabled her torso to move further forward toward the passenger side air bag module than she would have had she been normally postured. According to the case vehicle's driver and the vehicle inspection, the right front passenger's right forearm and wrist were near shoulder¹⁴ level at the time of the air bag's deployment, because the de-

¹³ It is unknown which hand she had the cigarette in. She may have used her left hand; she may have used her right hand. According to the case vehicle's driver, he thought that she had turned toward him in the process. This means that her right shoulder had moved forward toward the air bag module just prior to the crash.

¹⁴ Although the exact sequence is unknown, it is most likely that the right front passenger handed the driver a cigarette with her right hand and was rotating her torso back toward the right at the time of deployment.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS (CONTINUED)

playing air bag first struck the right wrist and forearm propelling them upwards and to the right¹⁵ into the roof and right front sunvisor. According to the vehicle inspection and her medical records, the right front passenger's head and face impacted the air bag. An inspection of the right front passenger air bag revealed blood and skin transfers in the upper left portion; see **SELECTED PHOTOGRAPHS #15** through **#18**. According to her medical records she sustained a contusion to her right forehead, a laceration [2-3 millimeters (0.1 inch)] over the ridge of her right eyebrow, a contusion below her right eye, and contusions to her lower lips from contacting the deploying air bag. These injuries are consistent with this occupant's pre-impact posture. In addition, according to her medical records, the severe brain injuries sustained by the right front passenger were all to the right side of her cerebrum (i.e., right subdural hematoma, right frontal lobe contusion, and right side diffuse cerebral edema). Furthermore, the punch of the air bag caused these severe and subsequently fatal injuries; see footnotes three through seven.

After contacting the air bag, the right front passenger was most likely thrown rearward into her seatback. Her safety belts most likely restricted her upward and lateral motion during her rebound. At final rest this occupant was in her seat. According to the case vehicle's driver, he has no specific recollection regarding her posture post-crash. According to her medical records, she was conscious at the scene and arrive at conscious at the hospital.

AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Diameter: 68 cm (26.8 in)	Width: 46 cm (18.1 in) Height: 68 cm (26.8 in)
Number of Vent Holes:	Two	None
Vent Hole Diameter:	3.0 cm (1.2 in)	Not applicable
Vent Hole Clock Positions:	Approximately 11:30 and 12:30 o'clock	Not applicable
Number of Air Bag Tethers:	None	One, 30 cm (12.0 in) wide
Number of Air Bag Module Cover Flaps:	Two	One
Upper Cover Flap Dimensions:	Width: 18 cm (7.1 in) Height: 6 cm (2.4 in)	Width: 32 cm (12.6 in) Height: 15 cm (5.9 in)

¹⁵ In this contractor's opinion, it is probable that as her right arm was propelled upwards and to the right side of the case vehicle's roof (see **SELECTED PHOTOGRAPHS #21, #22, and #29**), her head was actually drawn inward toward the deploying air bag.

AIR BAG SYSTEM (CONTINUED)

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Lower Cover Flap		
Dimensions:	Width: 18 cm (7.1 in)	Not applicable
	Height: 7 cm (2.8 in)	
Distance between Dash and		
Module's Cover Flap:	Not applicable	5 cm (2.0 in)
Generant Residue:	No unusual amount found	No unusual amount found

Appendix A:

SELECTED PHOTOGRAPHS

A total of thirty color copies of photographs are presented and referenced as Photograph #01 through Photograph #30. All of these photographs were taken by the Transportation Research Center.



01: Case Vehicle's damaged front end; NOTE: bumper and radiator were replaced by used parts in order to make vehicle driveable back to Canada



02: Case Vehicle's undamaged left side and back viewed from approximately 45 degrees left of back



03: Case Vehicle's undamaged back and right side viewed from approximately 45 degrees right of back



04: Case Vehicle's right front fender showing induced damage; NOTE: fender was slightly altered to allow right front passenger door to open

Case Vehicle: 1994 Dodge Caravan SE, 4-Door Minivan, FWD, 4x2, 7-Passenger, 3.0 L (181 in³) V-6 MPFI



05: Case Vehicle's damaged front viewed from approximately 45 degrees right of front; NOTE: grille cracked and both amber turn signals broken out



06: Close-up of case vehicle's damaged front end showing cracked grille, broken out left and right turn signals, and direct damage to hood edge (cells C5--D5)



07: Case Vehicle's steering wheel, front dash area, and interior surface of driver's door; NOTE: deployed air bag module was removed so vehicle could be driven



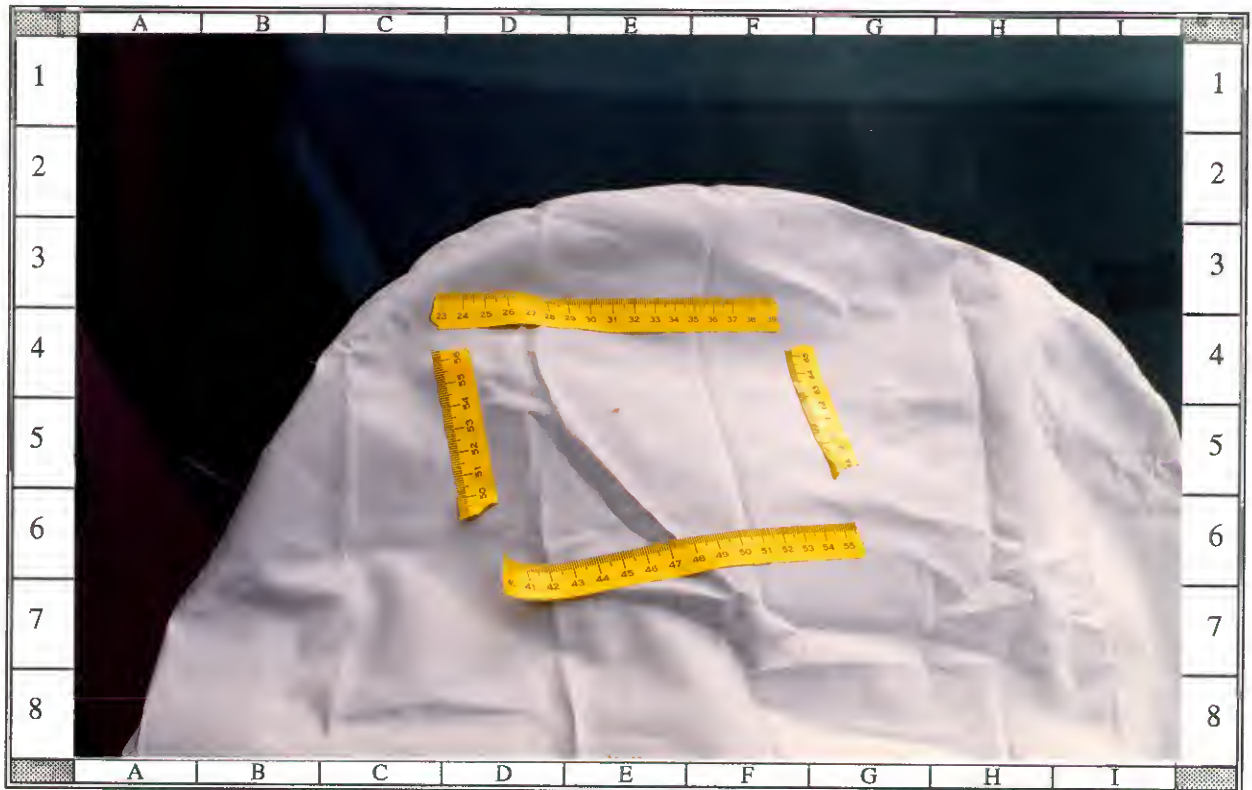
08: Case Vehicle's front seating area, steering assembly, instrument panel, and dash from left showing removed driver air bag and deployed passenger air bag



09: Case Vehicle's deployed driver air bag which was removed prior to inspection;
NOTE: yellow tape highlights driver's facial contact area



10: Elongated view of Case Vehicle's deployed driver air bag showing (highlighted with yellow tape) driver's facial contacted area on left upper portion of air bag



11: Close-up of driver's contact area on Case Vehicle's deployed driver air bag



12: Case Vehicle's deployed driver air bag showing twin air vent holes located at approximately the 11:30 and 12:30 o'clock positions



13: Case Vehicle's driver seating and center console areas showing no evidence of contact to greenhouse area; NOTE: cracked and displaced rearview mirror



14: Close-up of Case Vehicle's cracked and displaced rearview mirror; NOTE: mirror was most likely cracked during deployment of passenger air bag



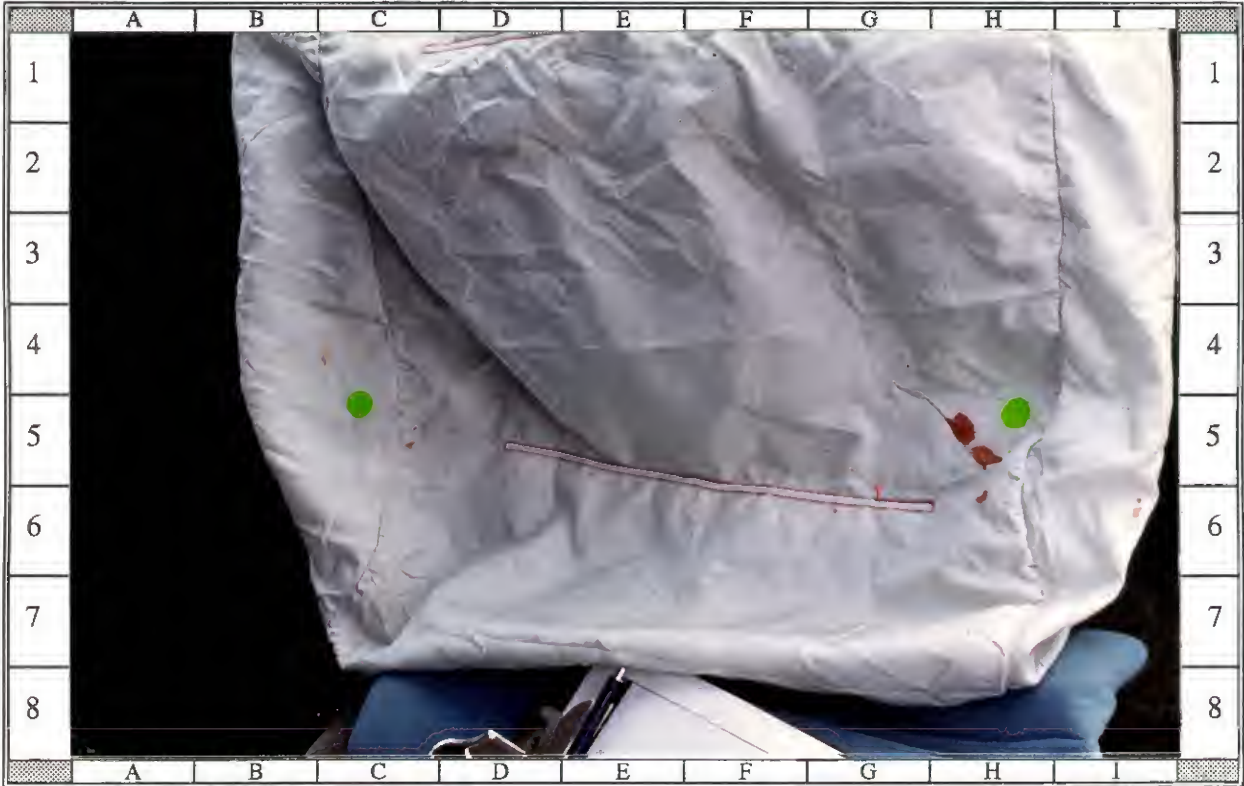
15: Case Vehicle's passenger seating area showing contacted air bag, damaged rear-view mirror, and other contacts to right side sunvisor and roof



16: Close-up view of Case Vehicle's deployed right front passenger air bag showing contact evidence within taped area (cells C2--D3) and blood spots (cells F6--G6)



17: Closer-up view of Case Vehicle's deployed right front passenger air bag showing highlighted contact area on deployed air bag; NOTE: red spots (cell G3)



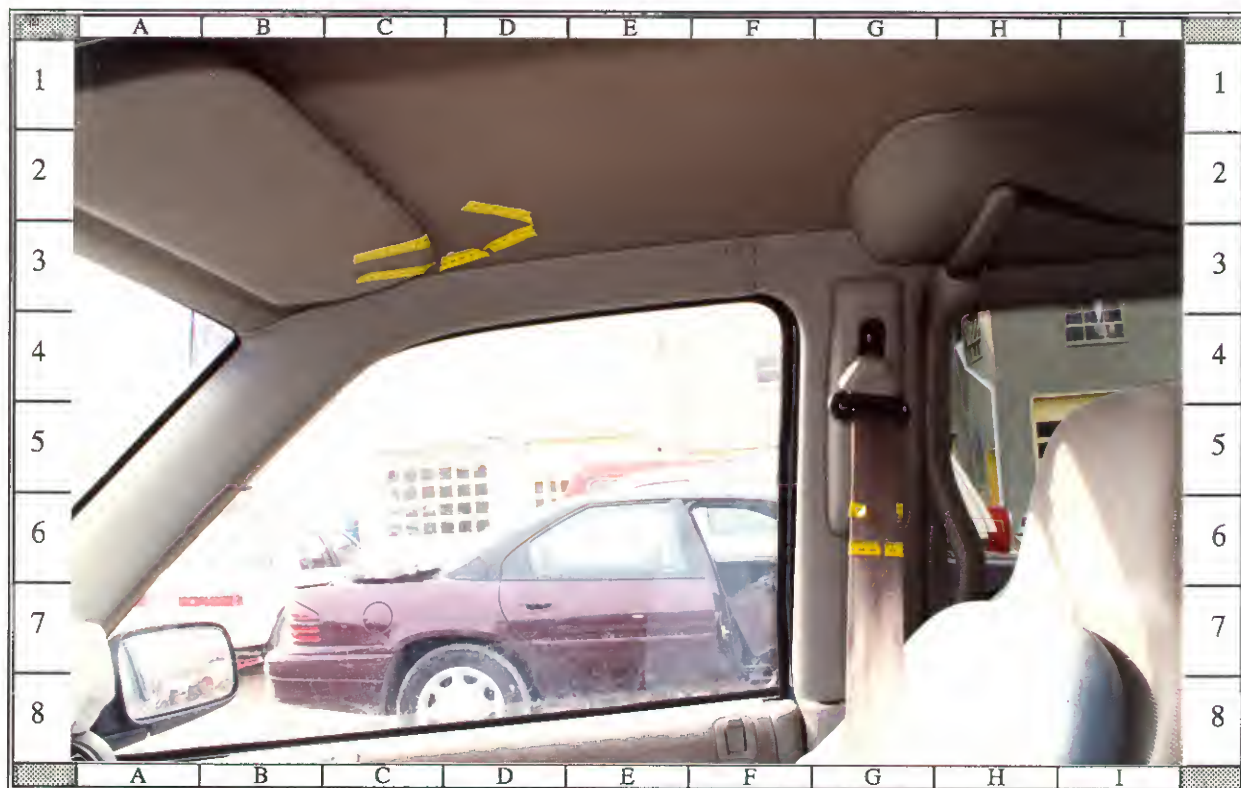
18: Close-up view of blood spots (green dots) on Case Vehicle's deployed right front passenger air bag (cells C4--C5 and G5--I6)



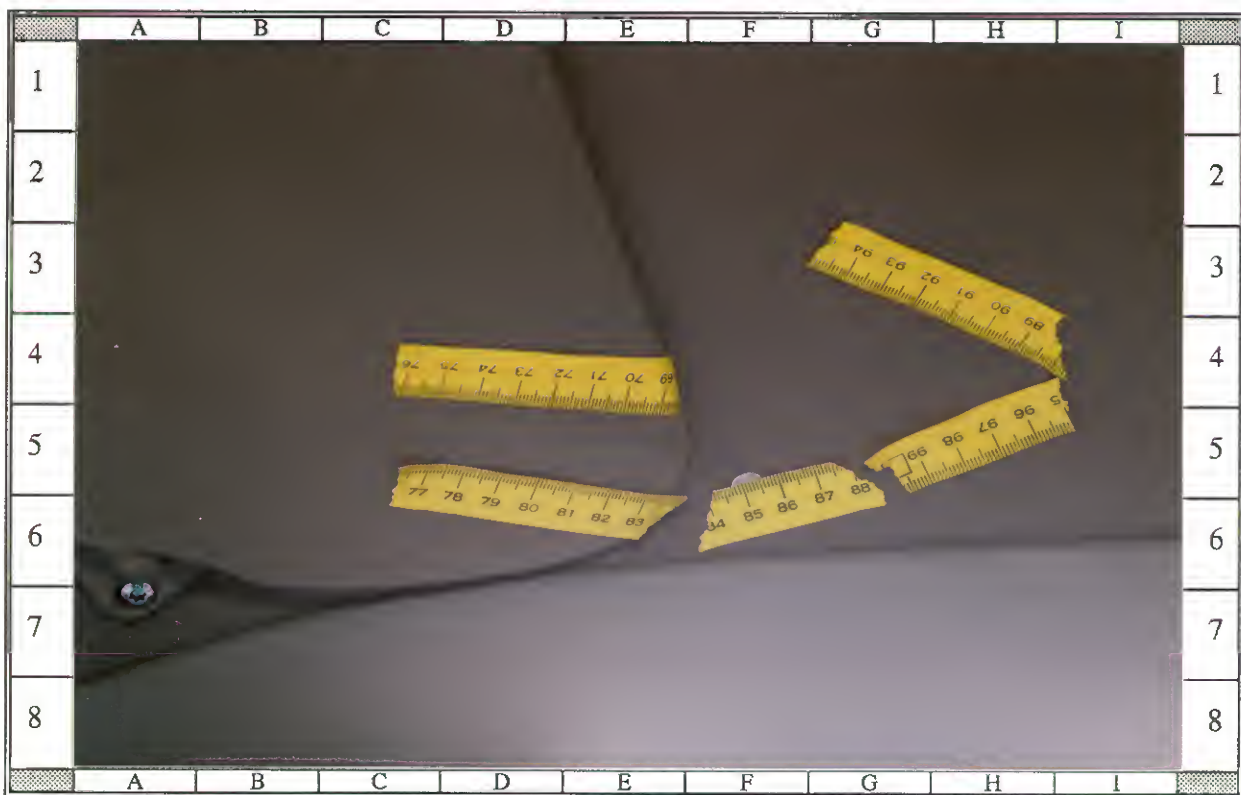
19: Close-up of module cover flap from Case Vehicle's deployed right front passenger air bag; NOTE: no evidence of contact on module's cover flap



20: Case Vehicle's right knee bolster area and glovebox door, which was most likely contacted by passenger's knees; NOTE: crack below left side of cover flap



21: Case Vehicle's right side sunvisor and roof area which was most likely contacted by right front passenger's right forearm and wrist



22: Close-up of Case Vehicle's sunvisor and roof area showing skin transfer from passenger's right forearm and wrist; NOTE: arm deflected by deploying air bag



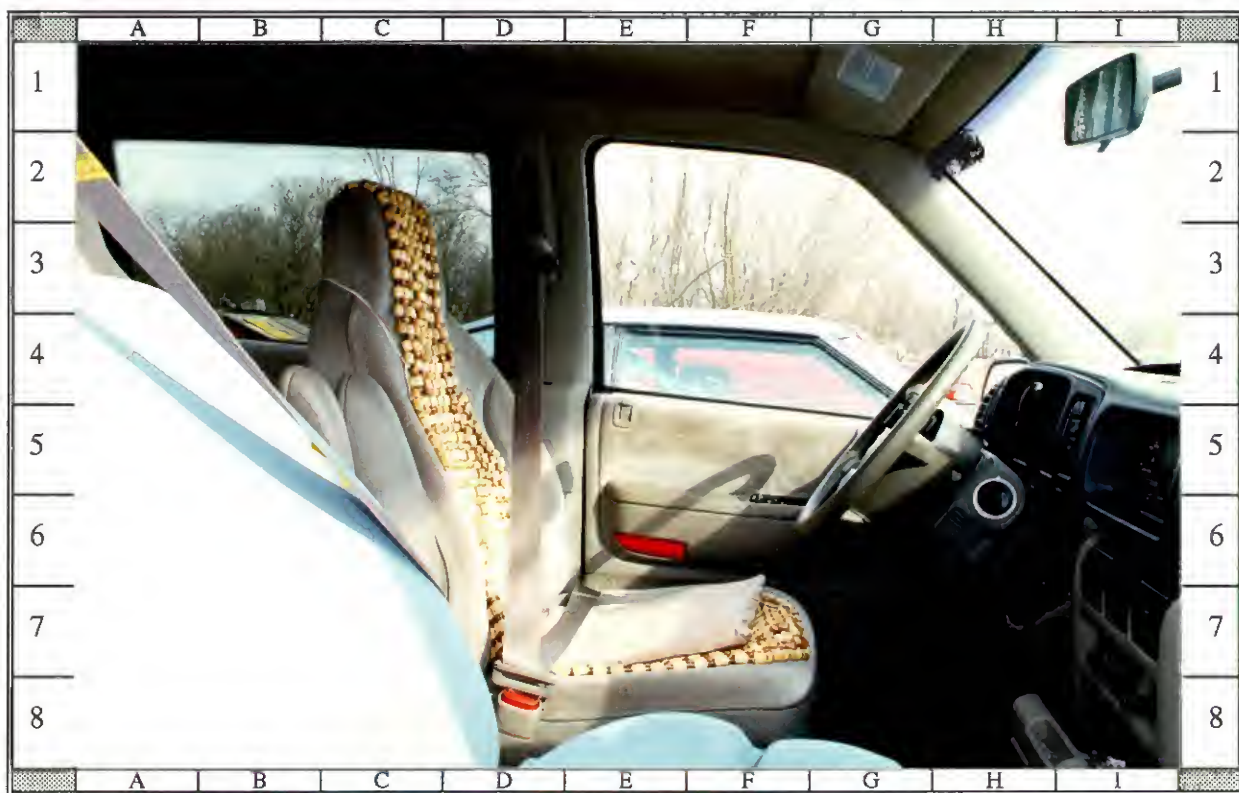
23: Case Vehicle's right front, 3-point, lap and shoulder belt showing passenger's skin transfer and blood stains on webbing (i.e., taped areas)



24: Close-up of skin transfer on torso webbing, near right shoulder area, of Case Vehicle's right front, 3-point, lap and shoulder belt, confirming usage



25: Close-up of blood stain on torso webbing, near center of chest, of Case Vehicle's right front, 3-point, lap and shoulder belt, confirming usage



26: Case Vehicle's driver seating area from right showing adjustable shoulder anchor-age at lowest position and undeformed steering wheel rim



27: Case Vehicle’s front seating area, steering assembly, and interior surface of pas-senger’s door showing deployed and contacted passenger air bag



28: Interior surface of Case Vehicle’s right front door and window; NOTE: no evi-dence of contact



29: Case Vehicle's driver and passenger seatbacks, greenhouse area, roof, front head-ers, and center console showing damaged rearview mirror and right side contacts



30: Interior view of Case Vehicle's second and rear seating areas; NOTE: 3-point restraints at second and rear outboard seating positions

POLICE ACCIDENT REPORT

78. RESPONDING EMS AGENCY AMBULANCE										INCIDENT #: [REDACTED]									
79. MEDICAL FACILITY [REDACTED]										ACCIDENT DATE: 9/96									

80. PEOPLE INFORMATION																				
A	B	C	D	E	F	G	NAME				ADDRESS				H	I	J	K	L	M
1	1	M	75	3	1	1	OPR#1								4	2	1	A	0	5
1	3	F	98	3	1	1	[REDACTED] SAME ADDRESS AS OPR#1								3	3	1	A	0	1
2	1	M	58	3	1	0	OPR#2								0	0	0	B	0	0

81. ILLUMINATION **2** 82. WEATHER **0**

83. ROAD SURFACE **1**

84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE) **[REDACTED]**

85. DESCRIPTION OF DAMAGED PROPERTY **NONE**

OWNER **[REDACTED]**

ADDRESS **[REDACTED]**

PHONE **[REDACTED]**

86. DIAGRAM

PADOT CRASH TRUCK ARROW BOARD

1 MILE

87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCES OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS, LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.

UNIT #2 WAS TRAVELING NORTH ON [REDACTED] FOLLOWED BY UNIT #1. UNIT #2 STOPPED FOR MERGING TRAFFIC IN TEMPORARY CONSTRUCTION ZONE WHERE 2 NB LANES WERE MERGED INTO RIGHT LANE TRAFFIC. UNIT #1 FAILED TO STOP AND STRUCK UNIT #2. UNIT #1 AND UNIT #2 BOTH PARKED ALONG EAST BERM AFTER ACCIDENT. BOTH UNITS WERE TRAVELING NORTH IN THE RIGHT LANE PRIOR TO THE ACCIDENT. PARKED, WERE THEIR POSITIONS UPON ARRIVAL. NO SKID MARKS OBSERVED.

OPR#1 RELATED AT THE SCENE AT 1270 HRS THAT HE DID NOT SEE THE CAR STOP AND HIT HIM. [REDACTED] ISSUED.

OPR#2 RELATED AT THE SCENE AT 1225 HRS THAT HE STOPPED FOR TRAFFIC AND GOT HIT FROM BEHIND.

WITNESS [REDACTED] RELATED **(MORE)**

INSURANCE INFORMATION		COMPANY		INSURANCE INFORMATION		COMPANY	
UNIT 1	POLICY NO	[REDACTED]	[REDACTED]	UNIT 2	POLICY NO	[REDACTED]	[REDACTED] NJ

88. WITNESSES		NAME		ADDRESS		PHONE	
		[REDACTED]		[REDACTED]		[REDACTED]	
		NAME		ADDRESS		PHONE	
		[REDACTED]		[REDACTED]		[REDACTED]	

89. VIOLATIONS INDICATED				90. SECTION NUMBERS (ONLY IF CHARGED)				TC NTC	
UNIT 1	CARELESS DRIVING			[REDACTED]				<input checked="" type="checkbox"/> <input type="checkbox"/>	
UNIT 2	NONE			NONE				<input type="checkbox"/> <input type="checkbox"/>	

91. PROBABLE USE		92. TYPE TEST		93. RESULTS		91. PROBABLE USE		92. TYPE TEST		93. RESULTS		94. INVESTIGATION COMPLETE?	
UNIT 1	0	0	0	%	UNIT 2	0	0	0	%	<input checked="" type="checkbox"/> NO TEST <input type="checkbox"/> REFUSE <input type="checkbox"/> UNK		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	



COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

(XX) REFER TO OVERLAY SHEETS

REPORTABLE ☒ NON-REPORTABLE ☐

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER		2. AGENCY NAME PENNA STATE POLICE		20. COUNTY		CODE	
3. STATION/ PRECINCT		4. PATROL ZONE		21. MUNICIPALITY			
5. INVESTIGATOR		BADGE NUMBER		PRINCIPAL ROADWAY INFORMATION			
6. APPROVED BY		BADGE NUMBER		22. ROUTE NO OR STREET NAME		23. SPEED LIMIT	
7. INVESTIGATION DATE		8. ARRIVAL TIME		24. TYPE HIGHWAY		25. ACCESS CONTROL	
ACCIDENT INFORMATION				INTERSECTING ROAD:			
9. ACCIDENT DATE		10. DAY OF WEEK		26. ROUTE NO OR STREET NAME		27. SPEED LIMIT	
11. TIME OF DAY		12. NUMBER OF UNITS		28. TYPE HIGHWAY		29. ACCESS CONTROL	
13. # KILLED		14. # INJURED		IF NOT AT INTERSECTION:			
15. PRIV. PROP. ACCIDENT		16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?		30. CROSS STREET OR SEGMENT MARKER		31. DIRECTION FROM SITE	
17. VEHICLE DAMAGE		18. HAZARDOUS MATERIALS		32. DISTANCE FROM SITE		33. DISTANCE WAS	
19. PENNDOT PROPERTY		20. UNIT 1		34. CONSTRUCTION ZONE		35. TRAFFIC CONTROL DEVICE	
UNIT #1				UNIT #2			
36. LEGALLY PARKED?		37. REG. PLATE		38. STATE		39. PA TITLE OR OUT-OF-STATE VIN	
40. OWNER		41. OWNER ADDRESS		42. CITY, STATE & ZIP CODE		43. YEAR	
44. MAKE		45. MODEL - (NOT BODY TYPE)		46. INS.		47. BODY TYPE	
48. SPECIAL USAGE		49. VEHICLE OWNERSHIP		50. INITIAL IMPACT POINT		51. VEHICLE STATUS	
52. TRAVEL SPEED		53. DRIVER PRESENCE		54. DRIVER CONDITION		55. DRIVER CONDITION	
56. DRIVER NUMBER		57. STATE		58. DRIVER NAME		59. DRIVER ADDRESS	
60. CITY, STATE & ZIP CODE		61. SEX		62. DATE OF BIRTH		63. PHONE	
64. COMM. VEH. Y/N		65. DRIVER CLASS		66. DRIVER SS#		67. CARRIER	
68. CARRIER ADDRESS		69. CITY, STATE & ZIP CODE		70. USDOT #		ICC #	
71. PUC #		72. VEH. CONFIG.		73. CARGO BODY TYPE		74. GVWR	
75. NO. OF AXLES		76. HAZARDOUS MATERIALS		77. RELEASE OF HAZ MAT		78. RELEASE OF HAZ MAT	



COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT SUPPLEMENTAL

(XX) REFER TO OVERLAY SHEETS

REPORTABLE ☒ NON-REPORTABLE ☐

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT TIME & LOCATION			
1. INCIDENT NUMBER		2. AGENCY NAME		9. ACCIDENT DATE		10. DAY OF WEEK	
3. STATION/ PRECINCT		4. PATROL ZONE		11. TIME OF DAY		12. NUMBER OF UNITS	
5. INVESTIGATOR		6. APPROVED BY		13. # KILLED		14. # INJURED	
		BADGE NUMBER		15. PRIV. PROP. ACCIDENT		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
		BADGE NUMBER		20. COUNTY		CODE	
		BADGE NUMBER		21. MUNICIPALITY		CODE	
UNIT #: - COMPLETE ONLY THE INFORMATION THAT HAS CHANGED SINCE ORIGINAL REPORT							
36. LEGALLY PARKED		37. REG. PLATE		38. STATE		58. DRIVER NAME	
Y <input type="checkbox"/> N <input type="checkbox"/>						59. DRIVER ADDRESS	
39. PA TITLE OR OUT-OF-STATE VIN				60. CITY, STATE & ZIP CODE			
40. OWNER				61. SEX			
41. OWNER ADDRESS				62. DATE OF BIRTH		63. PHONE	
42. CITY, STATE & ZIP CODE				64. COMM VEH Y <input type="checkbox"/> N <input type="checkbox"/>		65. DRIVER CLASS	
43. YEAR		44. MAKE		66. DRIVER S.S. #			
45. MODEL (NOT BODY TYPE)				67. CARRIER			
46. INSURANCE Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>				68. CARRIER ADDRESS			
47. BODY TYPE		48. SPECIAL USAGE		69. CITY, STATE & ZIP CODE			
49. VEHICLE OWNERSHIP		50. INITIAL IMPACT POINT		70. USDOT #		ICC #	
51. VEHICLE STATUS		52. TRAVEL SPEED		PUC #			
53. VEHICLE GRADIENT		54. DRIVER PRESENCE		71. DRIVER CONDITION		72. VEHICLE CONFIG.	
55. DRIVER NUMBER		56. STATE		73. CARGO BODY TYPE		74. GVWR	
57. STATE		75. NO. OF AXLES		76. HAZARDOUS MATERIALS		77. RELEASE OF HAZ MAT	
78. Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>							
87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS							
ON -96 THIS OFFICER WAS ADVISED THAT							
PASSENGER IN UNIT #1 HAD DIED OF INJURIES INCURRED IN							
THE ACCIDENT. HEAD INJURIES WERE INCURRED AND AS A RESULT							
COMPLICATIONS SET IN ON -96. DEATH WAS PRONOUNCED AT							
1120 HRS.							
CO CORONER ADVISED THAT							
NO AUTOPSY WOULD BE PERFORMED, HOWEVER HER RULING IS							
THAT DEATH WAS ACCIDENTAL.							
CORONER'S REPORT TO FOLLOW							
NEXT OF KIN NOTIFIED BY HOSPITAL PERSONELL AS DEATH							
OCCURRED 48 HRS AFTER ACCIDENT							
MESSAGE SENT TO -96 0918 HRS.							
WITNESS RE INTERVIEWED THIS DATE							
COPY OF STATEMENT ATTACHED							
PICTURES TAKEN SENT TO HSBG. FOR DEVELOPING							
SUBMITTED -96							
INSURANCE INFORMATION		COMPANY		94. INVESTIGATION COMPLETE?			
UNIT NO		POLICY NO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			



REPORTABLE ☒ NON-REPORTABLE ☐

INCIDENT NUMBER	██████████	ACCIDENT DATE	██████████/96	COUNTY CODE	██████████	MUNICIPAL CODE	██████████
--------------------	------------	------------------	---------------	----------------	------------	-------------------	------------

[illegible]

67. NARRATIVE: THAT THE LEAD CAR STOPPED AND THE OTHER GUY DIDN'T STOP AND HIT HIM. SHE ^(WITNESS) WAS OPR THE PENDOT VEHICLE WITH THE ARROW GUARD, 40MPH SPEED SIGN AND LEFT LANE CLOSED SIGN.

VISIBILITY PRIOR TO THE LANE REDUCTION IS APPROX 1/2 MILE
WITNESS LOCATED ON WEST BERM VERY NEAR ACCIDENT
UNIT #1 TOWED BY [REDACTED] TO [REDACTED] PBT

94. INVESTIGATION
COMPLETE ?
YES ☒ NO ☐

PENNSYLVANIA STATE POLICE
VICTIM/WITNESS STATEMENT FORM

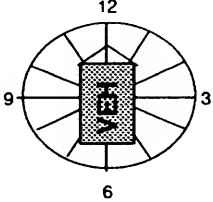
1. VICTIM/WITNESS NAME: [REDACTED]		2. INCIDENT NO.: [REDACTED]	
3. ADDRESS: [REDACTED] PA [REDACTED]		PHONE: [REDACTED]	
4. PLACE: [REDACTED]	5. DATE: DAY: [REDACTED] 96	6. TIME: 1140	
7. INVESTIGATOR'S NAME: [REDACTED]		8. BADGE NO.: [REDACTED]	

9. STATEMENT:
On [REDACTED] at approx 12:00 noon, I was hauling a 4x8 FLASHING arrow Board on [REDACTED] U.S. I was OFF the Road in the median with the Right arrow on. TRAFFIC started to back up due to the left lane closure. The acc. occurred on a straight away. I witnessed Dark color van speeding down toward traffic and I saw the van hit the Rear END gold nissan. I Radioed For the [REDACTED], Then [REDACTED] Both vehicles pulled onto the shoulder. I ran across to see IF any one was injured Both men were out of the vehicles and I was told she was hurt. I then Radioed For an ambulance and went back to check her out. She was upset but had good Pulse + Respiration. I observed her broken wrist and Fingers, a gash under her arm and Fat lip - She was not bleeding very much. I stayed with her to keep her calm and check her Breathing. When the ambulance arrived I returned to my truck and left the scene.

NOTICE
Under Section 4904 of the Pa. Crimes Code, Unsworn falsification to authorities, a person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true.

10. VICTIM/WITNESS SIGNATURE: [REDACTED] - 96	11. PAGE NO.: 5
--	--------------------

POLICE ACCIDENT REPORT - Overlay Sheet - 1

ACCIDENT LOCATION FIELDS 24. & 28. TYPE HIGHWAY 0 - NOT PHYSICALLY DIVIDED 1 - DIVIDED HIGHWAY - MEDIAN STRIP WITHOUT TRAFFIC BARRIER 2 - DIVIDED HIGHWAY - MEDIAN STRIP WITH TRAFFIC BARRIER N - ONE WAY TRAFFIC NORTH S - ONE WAY TRAFFIC SOUTH E - ONE WAY TRAFFIC EAST W - ONE WAY TRAFFIC WEST 25. & 29. ACCESS CONTROL 1 - NO CONTROLS (UNLIMITED ACCESS) 2 - FULL CONTROL (ONLY RAMP ENTRY AND EXIT) 8 - OTHER 9 - UNKNOWN 34. CONSTRUCTION ZONE 0 - NOT APPLICABLE 1 - CONSTRUCTION ZONE 2 - MAINTENANCE ZONE 3 - UTILITY COMPANY WORK 9 - UNKNOWN 35. TRAFFIC CONTROL DEVICE 0 - NO CONTROLS 1 - FLASHING SIGNALS 2 - TRAFFIC SIGNAL 3 - STOP SIGN 4 - YIELD SIGN 5 - RR CROSSING 6 - POLICE OFFICER OR FLAGMAN 7 - FLASHING SCHOOL ZONE 8 - OTHER 9 - UNKNOWN	47. BODY TYPE (CONTINUED) AUTOMOBILES CONTINUED 08 - OTHER AUTOMOBILE 09 - UNKNOWN AUTOMOBILE 10 - AUTOMOBILE BASED PICK-UP 11 - AUTOMOBILE BASED PANEL 12 - SHORT UTILITY 13 - LARGE LIMOUSINE 14 - THREE WHEEL AUTO OR DERIVATIVE MOTORCYCLES 20 - MOTORCYCLE 21 - MOPED 27 - THREE WHEEL MOTORCYCLE OR MOPED 28 - MINIBIKE, MOTORSCOOTER 29 - UNKNOWN MOTORCYCLE BUSES 30 - SCHOOL BUS 31 - CROSS COUNTRY/INTERCITY 32 - TRANSIT BUS 38 - OTHER BUS 39 - UNKNOWN BUS TYPE VANS 40 - VAN 41 - VAN COMMERCIAL CUTAWAY 42 - VAN BASED MOTORHOME 48 - OTHER VAN TYPE 49 - UNKNOWN VAN TYPE LIGHT TRUCKS (GVWR < 10,000#) 50 - PICK - UP 51 - PICKUP WITH SLIDE IN CAMPER 52 - PICKUP BASED MOTORHOME 53 - CAB CHASSIS BASED 54 - TRUCK BASED PANEL 55 - TRUCK BASED STATION WAGON 56 - TRUCK BASED UTILITY 58 - OTHER LIGHT TRUCK 59 - UNKNOWN LIGHT TRUCK TYPE 67 - STATIONWAGON - BASE BODY TYPE UNKNOWN 68 - UTILITY - BASE BODY TYPE UNKNOWN 69 - UNKNOWN LIGHT TRUCK MEDIUM/HEAVY TRUCKS 70 - SINGLE UNIT STRAIGHT TRUCK 73 - MEDIUM/HEAVY TRUCK BASED MOTORHOME 74 - TRUCK TRACTOR (CAB) 75 - UNKNOWN IF SINGLE UNIT OR COMBINATION TRUCK 77 - CAMPER OR MOTORHOME UNKNOWN TRUCK TYPE 79 - UNKNOWN TRUCK TYPE	47. BODYTYPE (CONTINUED) OTHER MOTORIZED VEHICLE 80 - SNOWMOBILE 81 - FARM EQUIPMENT 82 - ATV 83 - CONSTRUCTION EQUIPMENT 88 - OTHER UNSPECIFIED VEHICLE 89 - UNKNOWN OTHER MOTORIZED VEHICLES NON-MOTORIZED UNITS 90 - UNICYCLE, BICYCLE, TRICYCLE 91 - OTHER PEDALCYCLE (BIG WHEEL) 92 - UNKNOWN PEDALCYCLE 93 - HORSE AND BUGGY 94 - HORSE AND RIDER TRACK VEHICLES 95 - TRAIN 96 - TROLLEY IF NOTHING ELSE 98 - OTHER BODY TYPE 99 - UNKNOWN BODY TYPE 48. SPECIAL USAGE 0 - NOT APPLICABLE 1 - PUPIL TRANSPORT 2 - FIRE VEHICLE 3 - AMBULANCE 4 - OTHER EMERGENCY VEHICLE 5 - POLICE VEHICLE 6 - TRACTOR TRAILER 7 - TWIN TRAILER 11 - COMMERCIAL PASSENGER 12 - TOWING PASSENGER VEHICLE 13 - TOW TRUCK 14 - TOWING UTILITY TRAILER 15 - TOWING MOBILE OR MODULAR HOME 16 - TOWING CAMPER 20 - MODIFIED VEHICLE	50. INITIAL IMPACT POINT 0 - NO IMPACT OR CONTACT 1 - 12 CLOCK POINTS 13 - TOP 14 - UNDERCARRIAGE 15 - TOWED UNIT 99 - UNKNOWN 
UNIT INFORMATION FIELDS 47. BODY TYPE AUTOMOBILES 01 - CONVERTIBLE 02 - 2 DOOR 03 - 3 DOOR (HATCH BACK, 2 DR) 04 - 4 DOOR 05 - 5 DOOR (HATCH BACK, 4 DR) 06 - STATION WAGON 07 - HATCH BACK NUMBER DOORS UNKNOWN			51. VEHICLE STATUS 0 - NOT APPLICABLE 1 - LEGALLY PARKED 2 - ILLEGALLY PARKED - ON ROAD 3 - ILLEGALLY PARKED - OFF ROAD 4 - HIT AND RUN 5 - DISABLED FROM PREVIOUS ACCIDENT 52. TRAVEL SPEED 00 - STOPPED OR PARKED 01 - 97 ACTUAL OR ESTIMATED SPEED 98 - 98 MPH OR GREATER 99 - UNKNOWN 53. VEHICLE GRADIENT 1 - LEVEL ROADWAY 2 - UP HILL 3 - DOWN HILL 4 - SAG (BOTTOM OF HILL) 5 - CREST (TOP OF HILL)
49. VEHICLE OWNERSHIP 1 - PRIVATE VEHICLE OWNED BY DRIVER 2 - PRIVATE VEHICLE OWNED BY ANOTHER 3 - RENTED VEHICLE 4 - STATE POLICE VEHICLE 5 - PENNDOT VEHICLE 6 - OTHER COMMONWEALTH VEH. 7 - MUNICIPAL POLICE VEHICLE 8 - OTHER MUNICIPAL GOVT VEH 9 - FEDERAL GOVERNMENT VEH. 10 - COMMERCIAL VEHICLE 11 - PUPIL TRANSPORT CARRIER 98 - OTHER 99 - UNKNOWN			54. DRIVER PRESENCE 1 - DRIVER OPERATED VEHICLE 2 - DRIVERLESS VEHICLE 3 - DRIVER LEFT SCENE (AFTER ACCIDENT) 55. DRIVER CONDITION 1 - APPEARED NORMAL 2 - HAD BEEN DRINKING 3 - ILLEGAL DRUG USE 4 - SICK 5 - FATIGUE 6 - ASLEEP 7 - MEDICATION 9 - UNKNOWN

POLICE ACCIDENT REPORT - Overlay Sheet - 2

72. VEHICLE CONFIGURATION 1 - BUS 2 - SINGLE UNIT - (2 AXLES, 6 TIRES) 3 - SINGLE UNIT (3 + AXLES) 4 - TRUCK TRACTOR (BOBTAIL) 5 - TRUCK TRAILER 6 - TRACTOR/SEMI-TRAILER 7 - TRACTOR/DOUBLES 8 - TRACTOR/TRIPLES 9 - UNKNOWN HEAVY TRUCK	80. UNIT NUMBERS - BLOCK A CODE UNIT NUMBERS AS RECORDED ON PAGE 1.	80. TYPE OF INJURY - BLOCK I 0 - NO INJURY 1 - AMPUTATION 2 - BLEEDING WOUND 3 - BROKEN BONES 4 - DISTORTED MEMBER 5 - BRUISES/ABRASIONS 6 - BURNS 7 - SWELLING 8 - LIMPING 9 - COMPLAINT OF PAIN 97 - OTHER INCAPACITATING INJURY 98 - OTHER NON-INCAPACITATING 99 - UNKNOWN	(CONTINUED FROM BELOW) - BLOCK M 2 - HELICOPTER 3 - FIRE RESCUE VEHICLE 4 - PRIVATE VEHICLE 5 - POLICE VEHICLE 8 - OTHER 9 - UNKNOWN	
73. CARGO BODY TYPE 1 - BUS 2 - VAN / ENCLOSED BOX 3 - CARGO TANK 4 - FLATBED 5 - DUMP 6 - CONCRETE MIXER 7 - AUTO TRANSPORT 8 - GARBAGE / REFUSE 9 - OTHER / UNKNOWN	80. SEAT POSITION - BLOCK B 1 - DRIVER 2 - MIDDLE FRONT 3 - RIGHT FRONT 4 - LEFT REAR 5 - MIDDLE REAR 6 - RIGHT REAR 7 - PEDESTRIAN 8 - OTHER SEAT POSITION 9 - UNKNOWN	80. AREA OF APPARENT INJURY - BLOCK J 0 - NO INJURY 1 - FACE 2 - HEAD 3 - NECK 4 - BACK 5 - ARM(S) 6 - LEG(S) 7 - CHEST/STOMACH 8 - INTERNAL 9 - ENTIRE BODY 98 - OTHER AREAS 99 - UNKNOWN	81. ILLUMINATION 1 - DAWN 2 - DAYLIGHT 3 - DARK - STREET LIGHTS 4 - DARK - NO STREET LIGHTS 5 - DUSK	
	80. SEX - BLOCK C M - MALE F - FEMALE U - UNKNOWN		82. WEATHER 0 - NO ADVERSE CONDITIONS 1 - RAINING 2 - SLEET, HAIL, FREEZING RAIN 3 - SNOWING 4 - FOG, SMOKE 5 - RAIN AND FOG	
	80. AGE - BLOCK D CODE ACTUAL AGE, EXCEPT FOR 1 - FOR INFANTS UP TO AGE 2 98 - AGE 98 OR GREATER 99 - UNKNOWN			83. ROAD SURFACE CONDITIONS 1 - DRY 2 - WET 3 - MUDDY 4 - SNOW COVERED 5 - ICE COVERED 6 - PLOWED SNOW 7 - SALTED & CINDERED 8 - ICE PATCHES
76. HAZARDOUS MATERIALS CODE THE 4 DIGIT HAZARDOUS MATERIAL CODE ON THE PLACARD OR SELECT ONE OF THE FOLLOWING CODES TO REPRESENT THE PLACARD. 00 - NOT APPLICABLE 01 - NON-FLAMMABLE GAS 02 - COMBUSTIBLE 03 - ORGANIC PEROXIDE 04 - CORROSIVE 05 - EXPLOSIVES "A" 06 - OXYGEN 07 - POISON 08 - EXPLOSIVES "B" 09 - CHLORINE 10 - OXIDIZER 11 - POISONOUS GAS 12 - FUEL OIL 13 - DANGEROUS 14 - RADIOACTIVE 15 - FLAMMABLE SOLID "W" 16 - FLAMMABLE 17 - FLAMMABLE GAS 18 - FLAMMABLE SOLID 19 - GASOLINE 20 - BLASTING AGENT 98 - OTHER/NOT SIGNED 99 - UNKNOWN OR CODE THE 1 DIGIT HAZARDOUS MATERIAL CODE ON THE PLACARD	80. ACTIVE RESTRAINT TYPE - BLOCK E 0 - NONE OR PEDESTRIAN 1 - SHOULDER HARNESS ONLY 2 - SEAT BELT ONLY 3 - COMBINATION (HARNESS & BELT) 4 - CHILD RESTRAINT DEVICE 7 - HELMET 8 - OTHER 9 - UNKNOWN	80. INJURY INFORMATION SOURCE - BLOCK K N - NOT APPLICABLE A - OBSERVATION OF OFFICER B - STATEMENT FROM INDIVIDUAL C - MEDICAL/PARAMEDICAL PERSONNEL	91. PROBABLE USE (ALCOHOL OR DRUGS) 0 - NONE 1 - ALCOHOL 2 - CONTROLLED SUBSTANCES 3 - OTHER DRUGS 4 - BOTH ALCOHOL AND DRUGS 9 - UNKNOWN	
	80. ACTIVE RESTRAINT USAGE - BLOCK F 0 - NOT APPLICABLE 1 - IN USE 2 - NOT IN USE 9 - UNKNOWN		80. EJECTION/EXTRICATION - BLOCK L 0 - NOT APPLICABLE 1 - TOTALLY EJECTED 2 - PARTIALLY EJECTED 3 - PARTIALLY EJECTED REQUIRING EXTRICATION 4 - EXTRICATION BY PERSONS UNKNOWN 5 - EXTRICATION - TWO OR MORE TYPES 6 - EXTRICATION BY AMBULANCE OR RESCUE PERSONNEL 7 - EXTRICATION BY POLICE 8 - EXTRICATION BY SELF 9 - UNKNOWN EJECTION OR EXTRICATION	92. TYPE TEST 0 - NOT APPLICABLE / NO TEST GIVEN 1 - BLOOD 2 - BREATH 3 - URINE 4 - TEST REFUSED 8 - OTHER 9 - UNKNOWN
	80. PASSIVE RESTRAINT TYPE - BLOCK G 0 - NONE OR PEDESTRIAN 1 - AIRBAG (DEPLOYED) 2 - AIR BAG (NOT DEPLOYED) 3 - AUTOMATIC SEAT BELT 8 - OTHER 9 - UNKNOWN			

CASE VEHICLE REPAIR ESTIMATE

[REDACTED]

[REDACTED]

[REDACTED] 1996

I.U. - T.R.C.

[REDACTED]

[REDACTED] Indiana

[REDACTED]

[REDACTED]

Re: Our Insured: [REDACTED]
Our File No. [REDACTED]
Date of Loss: [REDACTED] 1996

Dear Sir:

I am attaching for your records the original appraisal from ABR Appraisers for temporary repairs to the insured's 1994 Dodge Caravan, a full appraisal for repairs of \$4,160.65, original photographs of the damaged unit, the appraisal of damages completed in Canada, and the final repair account.

I trust this information will be of some assistance to yourself.

Yours truly,

[REDACTED]

[REDACTED]

BRANCH MANAGER

[REDACTED]

Encls.

c.c. Claims Department, Head Office

[REDACTED]

Date: 96.06.30 PM
Estimate ID: -A
Supplement:
Profile ID:

Phone:

Fax:

Damage Assessed By:

Appraised For:

Supplemented By:

Type of Loss: Collision

Condition Code: Excellent

Date of Loss: 96

Contact Date: 96

Pay Code: Insurance

Deductible: 250.00

Insured:

Insurance Co: INSURANCE CO. (P)

Address: ST.

Telephone: Work Phone:

File Number: 96-30184-A

Mitchell Service:

Description: 1994 Dodge Caravan SE

Body Style: Van

VIN:

OEM/ALT: O

Drive Train:

License:

Search Code:

Vehicle Production Date: /94

Mileage: 23,752

Color: GREEN

Options: AIR CONDITIONING, AM-FM STEREO TAPE, CRUISE CONTROL, POWER WINDOWS
POWER DOOR LOCKS, TILT STEERING, RUNNING BOARDS, DEEP TINTED GLASS
REAR GATE WIPER, PASSENGER SIDE AIR BAG, HEATED MIRROR, POWER REMOTE MIRROR
DISC BRAKES, FRONT WHEEL DRIVE, DRIVER SIDE AIRBAG, ELECTRIC DEFOGGER
LUGGAGE RACK, VAN, POWER BRAKES, POWER STEERING, SPECIAL WHEELS/COVERS
AUTOMATIC OVERDRIVE

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	FRT COVER ASSY			0.6 #
2	401184	BDY	REMOVE/REPLACE	FRT BUMPER COVER	4740388	199.95	INCL
3	AUTO	REF	REFINISH	FRT BUMPER COVER			C 2.6
4	401290	BDY	REMOVE/REPLACE	FRT BUMPER REINFORCEMENT	4676434	169.95	INCL
5	401454	BDY	REMOVE/REPLACE	FRT BUMPER LICENSE BRACKET	4576472	16.99	INCL
6	400097	BDY	REMOVE/REPLACE	GRILLE	JK76PRY	159.95	0.1
7	402296	BDY	REMOVE/REPLACE	R H/LAMP BEZEL	4762262	139.95	INCL #
8	402298	BDY	REMOVE/REPLACE	L H/LAMP BEZEL	4762263	139.95	INCL #
9	403288	BDY	REPAIR	HOOD PANEL	Existing		2.5*
10	AUTO	REF	REFINISH	HOOD OUTSIDE			C 2.7
11	405240	MCH	REMOVE/REPLACE	EVACUATE & RECHARGE AIR CONDITIONING -M			1.4
12	405350	MCH	REMOVE/REPLACE	AIR COND CONDENSER -M	4644365	209.95	INCL #
13	405979	MCH	REMOVE/REPLACE	AIR COND DISCHARGE HOSE -M	4677135	159.95	1.0 #
14	405985	MCH	REMOVE/REPLACE	AIR COND SUCTION HOSE -M	4677501	159.95	0.5 #
15	408410	BDY	REMOVE/REPLACE	R FENDER PANEL	4761222	159.95	2.0 #
16	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 2.0
17	AUTO	REF	REFINISH	R FENDER EDGE			C 0.5
18	408420	BDY	REPAIR	L FENDER PANEL	Existing		0.5*
19	AUTO	REF	REFINISH	L FENDER OUTSIDE			C 2.0
20	900500	MCH	REPAIR	FOUR WHEEL ALIGNMENT	Sublet	79.95*	0.0*
21	AUTO	REF	REFINISH	RADIATOR SUPPORT COMPLETE			1.5 #

ESTIMATE RECALL NUMBER: 96 22:29:07

Data Version: 96_A

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Page 1 of 3

Date: 96 06:30 PM
 Estimate ID: [REDACTED]
 Supplement: [REDACTED]
 Profile ID: [REDACTED]

22	400508	BDY	REMOVE/REPLACE	FRONT BODY RADIATOR SUPPORT		4674120	129.95	8.1	#
23	411310	MCH	REMOVE/REPLACE	AIR BAG UNIT KIT	-M	4637512	339.95	0.4	
24	411338	MCH	REMOVE/REPLACE	R AIR BAG SENSOR	-M	4686139	99.99	INCL	
25	411346	MCH	REMOVE/REPLACE	L AIR BAG SENSOR	-M	4686139	99.99	INCL	
26	416160	MCH	REMOVE/REPLACE	STEERING AIR BAG MODULE	-M	ORDER FROM DEALER	389.95	INCL	#
27	416268	MCH	REMOVE/REPLACE	STEERING CLOCKSPRING	-M	4688551	159.95	0.9	#
28	421398	BDY	REMOVE/REPLACE	W/SHIELD REAR VIEW MIRROR		4696545	30.99	0.2	
S1 29	421420	BDY	REMOVE/REPLACE	R W/SHIELD SUN VISOR		ORDER FROM DEALER	59.99	0.2	
30	423354	MCH	REMOVE/REPLACE	INST PANEL AIR BAG MODULE	-M	ORDER FROM DEALER	595.00	0.5	
S1 31	400289	BDY	REMOVE/REPLACE	INST PANEL CLUSTER BEZEL		ORDER FROM DEALER	149.95	0.3	
32	426780	BDY	REPAIR	R FRT DOOR SHELL		Existing		3.0	#
33	AUTO	REF	REFINISH	R FRT DOOR OUTSIDE				C 1.9	
34	AUTO	REF	ADD'L OPR	CLEAR COAT				2.9	
35	933004	BDY	ADD'L OPR	UNDERCOATING			50.00	*	
36	933006	FRM	ADD'L OPR	FRAME/RACK SET UP				3.0	*
37	AUTO		ADD'L COST	PAINT/MATERIALS			257.60	*	
38	AUTO		ADD'L COST	HAZARDOUS WASTE DISPOSAL			10.00	*	

* - Judgement Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

Prior Damage
 NONE

I. Labor Subtotals						II. Part Replacement Summary			
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				Amount
Body	17.5	44.00	50.00	0.00	820.00 T	Taxable Parts			3,572.25
Refinish	16.1	44.00	0.00	0.00	708.40 T	GST - E Tax	@ 7.000 %		250.06
Frame	3.0	44.00	0.00	0.00	132.00 T	Sales Tax	@ 8.000 %		285.78
Mechanical	4.7	59.00	0.00	79.95	357.25 T	Total Replacement Parts Amount			
Taxable Labor					2,017.65	4,108.09			
GST - E Tax					@ 7.000 % 141.24				
Labor Tax					@ 8.000 % 161.41				
Labor Summary	41.3				2,320.30				
III. Additional Costs					Amount	IV. Adjustments			
Taxable Costs					267.60	Insurance Deductible			
GST - E Tax					@ 7.000 % 18.73				
Sales Tax					@ 8.000 % 21.41	Customer Responsibility			
Total Additional Costs					307.74	250.00-			
						I. Total Labor:			2,320.30
						II. Total Replacement Parts:			4,108.09
						III. Total Additional Costs:			307.74
						Gross Total:			6,736.13
						Total GST:			410.03

ESTIMATE RECALL NUMBER: 96 22:29:07

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Date: 96 06:30 PM
Estimate ID: [REDACTED]
Supplement: [REDACTED]
Profile ID: [REDACTED]

IV. Total Adjustments: 250.00-
Net Total: 6,486.13
Less Original Net Total: 6,219.39
Net Supplement Amount: 266.74
[REDACTED] 266.74

Point(s) of Impact
12 Front Center (P)

Body Shop: [REDACTED]
Address: [REDACTED]
Telephone: [REDACTED]

Inspection Site: [REDACTED]
Inspection Date: [REDACTED] 96

ESTIMATE RECALL NUMBER: 96 22:29:07 [REDACTED]

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Page 3 of 3

[REDACTED]
P.O. [REDACTED]

[REDACTED] PA [REDACTED]

PHONE [REDACTED]

FAX [REDACTED]

Your File #: [REDACTED]

Policy #: None Rec.

[REDACTED]
Date of Loss# [REDACTED] 92

Dear [REDACTED]

Per our conversation temp. repairs done by [REDACTED] these repairs are reflected on the attached appraisal ([REDACTED]) in the amount of \$1478.43.

The remainder of the damages are covered on the attached appraisal [REDACTED] in the amount of \$4160.65.

Thank You
[REDACTED]



REC'D
[REDACTED] 1996

96 at 15:47

File

PA. PH#
FOR: GENERAL ACCIDENT INSURANCE

PA
FAX:

APPRAISAL REPORT

Insured:
Claimant:

Claim #:
Policy #:
Adjuster:

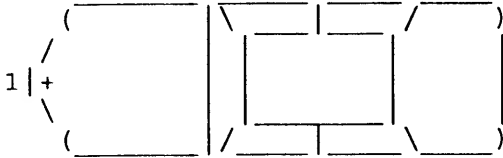
Repair Facility:
Agreed By:

on /96

Point of Impact: 1. 12 FRONT
2. 0

Type of Loss: COLLISION

Vehicle Driveable? No
LKQ Parts Included? No
A/M Parts Included? No



Place of Inspection:

PA

Appraiser's Estimate	1493.26	Agreed Price ? Yes	\$ 1493.26
Deductible	0.00		
Betterments	-14.83	Prior/Unrelated Damage \$	0.00
Allowances	0.00		
Towing/Storage	86.00	Total Loss ? No	
Temporary Repairs	0.00		
NET LOSS	\$ 1478.43		

COMMENTS:

Date of Loss: /96 Assigned Date: /96 Appraisal Complete: /96
Date Reported: /96 Inspection Date: /96 File Closed: /96
Owner Contacted: 00/00/00

Appraiser:

/96 at 15:46

File

FOR: GENERAL ACCIDENT INSURANCE

PA

FAX:

ESTIMATE OF RECORD

Written By: /96 03:46 p.m.

Adjuster:

Insured:

Claim

Policy

Address:

CA

Day:

Date of Loss: /96

Other:

Type of Loss: COLLISION

Point Of Impact: 12 FRONT

0

Inspect

Location:

Field

PA

Repair

Facility:

PA., PA

License #

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

VIN: UNK

Lic.#

Prod. Date: 0/0

Mileage: 22868

Automatic transmission	Power steering	Power brakes
Power windows	Power locks	Power mirrors
Tinted glass	Body side moldings	Dual mirrors
Air conditioning	Rear defogger	Tilt wheel
Cruise control	Rear window wiper	Am radio
Fm radio	Stereo	Cassette
Search/seek	Anti-lock brakes (4)	Driver airbag
Passenger airbag	Luggage/roof rack	Cloth seats
Bucket seats	7 passenger option	Deluxe wheel covers
Clear coat paint	Two tone paint	

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
1		FRONT BUMPER					
2		O/H Front Bumper	1	0.00	2.0	0.0	
3*	Repl	Bumper cover w/o fog lamp	1	350.00	Incl	0.0	
4*		Add for Edging	1	0.00	0.0	0.0	
5	Repl	Impact strip bright	1	45.25	Incl	0.0	
6	Repl	Reinforcement	1	123.00	Incl	0.0	
7		COOLING					

96 at 15:46

File

Claim #:

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART				MISC
				COST	LABOR	PAINT		
8*	Repr	Support TEMPORY REPAIR	1	0.00	2.0	0.0		
9*	Repl	Radiator 3.3 liter heavy duty	1	280.00	1.0	0.0		
10*	Repl	FREIGHT CHARGE ON RAD.OVERNITE	1	25.20	0.0	0.0		
11*	Repl	Lower hose 3.0 liter	1	23.20	0.6	0.0		
12*	Repr	SETUP AND MEASURE	1	0.00	2.0	0.0	F	
13*	Repr	PULL & ALIGN FRT.RAILS & SUPT.	1	0.00	4.0	0.0	F	
14*	Repr	TO BOLTS UP ATTHING PARTS TEMP	1	Incl	Incl	Incl		
15*	Repr	REMOVE A/C HONE & BLOCK	1	0.00	1.0	0.0		
16*	Repl	BATTERY	B 20% 1	69.95	0.3	0.0		
		Towing Charges	1	0.00	0.0	0.0	X	86.00
Subtotals ==>				916.60	12.9	0.0		86.00

796 at 15:46

File #

Claim #:

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

PLEASE NOTE THAT THIS APPRAISAL IS OF TEMPORY REPAIRS ONLY..

SEE FOR ADDITIONAL REPAIRS REQUIRED TO THIS VEHICLE ON OWNER RETURN
TO CANADA.....

Parts		916.60
Labor	6.9 units @ \$30.00	207.00
Frame	6.0 units @ \$34.00	204.00
Sublet/Misc		86.00

SUBTOTAL		\$ 1413.60
Tax on \$ 1327.60 at 6.0000%		79.66

TOTAL COST OF REPAIRS		\$ 1493.26
-----------------------	--	------------

ADJUSTMENTS:

Betterments:

BATTERY	1996	20%	-14.83
---------	------	-----	--------

TOTAL ADJUSTMENTS		\$ 14.83
NET COST OF REPAIRS		\$ 1478.43

THIS APPRAISAL REPRESENTS AN AGREED COST FOR THE DAMAGES LISTED WITH THE SHOP OF YOUR CHOICE.

THIS IS NOT AN AUTHORIZATION TO REPAIR AS THE OWNER OF THE VEHICLE MUST AUTHORIZE REPAIRS.

IF ANY PAYMENT IS TO BE MADE, IT MUST COME FROM THE INSURANCE COMPANY INVESTIGATING THIS CLAIM AS THIS IS AN APPRAISAL OF DAMAGE ONLY.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the Guide Database Date 95

Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.

items have been certified for fit and finish by the

- A product of

11/96 at 17:36

File [REDACTED]

[REDACTED] PA. [REDACTED] PH# [REDACTED]
FOR: [REDACTED]
[REDACTED], PA [REDACTED]
[REDACTED] FAX: [REDACTED]

APPRAISAL REPORT

Insured: [REDACTED]
Claimant: [REDACTED]

Claim #: [REDACTED]
Policy #: [REDACTED]
Adjuster: [REDACTED]

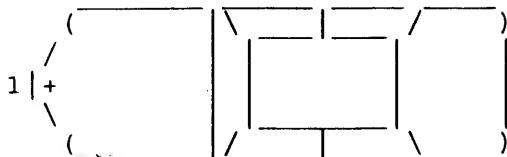
Repair Facility: APPRAISAL ONLY
Agreed By: [REDACTED]

on 00/00/00

Point of Impact: 1. 12 FRONT
2. 0

Type of Loss: COLLISION

Vehicle Driveable? No
LKQ Parts Included? No
A/M Parts Included? No



Place of Inspection: [REDACTED]

[REDACTED] PA

Appraiser's Estimate	4160.65	Agreed Price ? No
Deductible	0.00	
Betterments	0.00	Prior/Unrelated Damage \$ 0.00
Allowances	0.00	
Towing/Storage	0.00	Total Loss ? No
Temporary Repairs	0.00	
NET LOSS	\$ 4160.65	

COMMENTS:

APPRAISAL IS OF VISABLE DAMAGE ONLY.APPRAISAL ONLY.
APPRAISAL DOES NOT INCLUDE ANY TAXES WHICH MAY BE ADDED IN CANADA FOR REPAIRS.
APPRAISAL DOES NOT INCLUDE TEMPORY REPAIRS MADE SO OWNER CAN DRIVE VEHICLE TO HOME IN CANADA.SEE [REDACTED] FOR TEMPORY REPAIRS AT [REDACTED] IN [REDACTED] PA.
APPRAISER WOULD NOT BE ABLE TO REINSPECT AS VEHICLE IS GOING TO CANADA..
THANK YOU .

X
X
X

Date of Loss: [REDACTED]/96 Assigned Date: [REDACTED]/96 Appraisal Complete: [REDACTED]/96
Date Reported: [REDACTED]/96 Inspection Date: [REDACTED]/96 File Closed: [REDACTED]/96
Owner Contacted: [REDACTED]/00

Appraiser: [REDACTED]

/96 at 17:35

File

PA. PH#
FOR:

PA

FAX:

ESTIMATE OF RECORD

Written By: /96 05:35 p.m.

Adjuster:

Insured:

Claim

Policy

Address:

CANADA,

Day:

Other:

Date of Loss: /96

Type of Loss: COLLISION

Point Of Impact: 12 FRONT

0

Inspect

Location:

Field

PA

Repair APPRAISAL ONLY

Facility: *****

License #

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

VIN: UNK

Lic.#:

Prod. Date: 0/0

Mileage: 22868

Automatic transmission	Power steering	Power brakes
Power windows	Power locks	Power mirrors
Tinted glass	Body side moldings	Dual mirrors
Air conditioning	Rear defogger	Tilt wheel
Cruise control	Rear window wiper	Am radio
Fm radio	Stereo	Cassette
Search/seek	Anti-lock brakes (4)	Driver airbag
Bucket seats	7 passenger option	Deluxe wheel covers
Clear coat paint		

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
1		FRONT BUMPER					
2		R&I bumper assy	1	0.00	0.8	0.0	
3*	Refin	FRT.BUMPER	1	0.00	0.0	2.3	
4*	Refin	EDGE	1	0.00	0.0	0.5	
5*	Refin	CLEAR COAT	1	0.00	0.0	0.9	
6		GRILLE					
7	Repl	Grille Caravan in body color	1	116.00	0.6	0.0	
8	Repl	RT Grille mount outer	1	3.00	0.0	0.0	
9	Repl	LT Grille mount outer	1	2.35	0.0	0.0	

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
10	Repl	RT Mldng uppr, t hdlmp pntd	1	26.75	Incl	0.0	
11	Repl	LT Mldng uppr, t hdlmp pntd	1	26.75	0.3	0.0	
12	Repl	RT Mldng lwr, t prk lmp pntd	1	26.75	Incl	0.0	
13	Repl	LT Mldng lwr, t prk lmp pntd	1	26.75	0.3	0.0	
14	Repl	Nameplate "DODGE" chrome	1	10.25	Incl	0.0	
15		FRONT LAMPS					
16	Repl	Aim headlamps	1	0.00	0.4	0.0	
17		RT R&I headlamp assy one side	1	0.00	Incl	0.0	
18		LT R&I headlamp assy one side	1	0.00	0.6	0.0	
19	Repl	RT Lns & hsng w/o wdgrn pnl	1	118.00	Incl	0.0	
20	Repl	LT Lns & hsng w/o wdgrn pnl	1	118.00	0.6	0.0	
21		COOLING					
22*	Repr	Support	1	0.00	5.0	2.0	
23		Add for Air conditioning	1	0.00	0.5	0.0	
24	Repl	Vertical support	1	6.15	0.0	0.0	
25	Repl	Sight shield	1	7.20	0.2	0.0	
26*	Repr	R & I RADIATOR ASSY	1	0.00	1.0	0.0	
27		AIR COND & HEATER					
28*	Repl	AC Service evacuate & recharge	1	30.00	1.4	0.0	
29*	Repl	Cndnsr 3.0 & 3.3 ltr w/o rr ht	1	275.00	1.1	0.0	
30*	Repl	Sctn hs 3.3 ltr w/o rr AC	1	102.00	1.1	0.0	
31		HOOD					
32	Repl	Hood	1	260.00	1.2	2.5	
33		Add for Clear Coat	1	0.00	0.0	1.0	
34		Add for Underside	1	0.00	0.0	1.3	
35	Repl	Safety catch	1	11.75	Incl	0.0	
36		FENDER					
37	Repl	RT Fender	1	150.00	2.8	2.4	
38		Overlap Major Adjacent Panel	1	0.00	0.0	-0.4	
39		Add for Clear Coat	1	0.00	0.0	0.4	
40		Add for Edging	1	0.00	0.0	0.5	
41		LT R&I fender assy	1	0.00	2.0	0.0	
42		Deduct for Body Overlap	1	0.00	-0.8	0.0	
43		DOOR					
44*	Repr	RT Outer panel	1	0.00	1.0	2.2	
45		Overlap Major Adjacent Panel	1	0.00	0.0	-0.4	
46		Add for Clear Coat	1	0.00	0.0	0.4	
47		WINDSHIELD					
48	Repl	Mirror	1	33.25	0.3	0.0	
49		RESTRAINT SYSTEMS					
50*	Repl	Ar bg mdl drvr sd lxry whl	1	544.30	0.5	0.0	
51*	Repl	Air bag module passenger side	1	580.00	0.5	0.0	
52*	Repl	LT Clcksprng w/spd cntrl w/ar	1	92.50	1.0	0.0	

/96 at 17:35

File

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

NO.	REPR/ REPL	DESCRIPTION OF DAMAGE	QTY	PART COST	LABOR	PAINT	MISC
53*	Repl	RT Clcksprng w/spd cntrl w/ar	1	92.50	1.0	0.0	
54*	Repl	Impact sensor	1	83.00	0.5	0.0	
55*	Repr	R & I RT.RUNNING BOARD	1	0.00	<u>0.5</u>	0.0	
Subtotals			==>	2742.25	24.4	15.6	0.00

[REDACTED] 96 at 17:35

File [REDACTED]

94 DODG GRAND CARAVAN 4X4 SE 2D VAN GREEN 6-3.3L-FI

APPRAISAL IS OF VISABLE DAMAGE ONLY.

X
X
X

Parts		2742.25
Labor	24.4 units @ \$30.00	732.00
Paint	15.6 units @ \$30.00	468.00
Paint/Materials	15.6 units @ \$14.00	218.40

SUBTOTAL		\$ 4160.65
Tax on \$	0.00 at 6.0000%	0.00

TOTAL COST OF REPAIRS	PI 5	\$ 4160.65

NET COST OF REPAIRS	[REDACTED] 1996	\$ 4160.65

THIS APPRAISAL REPRESENTS AN AGREED COST FOR THE DAMAGES LISTED WITH THE SHOP OF YOUR CHOICE.

THIS IS NOT AN AUTHORIZATION TO REPAIR AS THE OWNER OF THE VEHICLE MUST AUTHORIZE REPAIRS.

IF ANY PAYMENT IS TO BE MADE, IT MUST COME FROM THE INSURANCE COMPANY INVESTIGATING THIS CLAIM AS THIS IS AN APPRAISAL OF DAMAGE ONLY.

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Non-asterisk(*) items are derived from the [REDACTED] Database Date [REDACTED] 95

Double asterisk(**) items indicate part supplied by a supplier other than the original equipment manufacturer.

[REDACTED] items have been certified for fit and finish by the [REDACTED]

[REDACTED] - A product of [REDACTED]

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9608

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident
(Month, Day, Year)

9 6

5. Time of Accident

1205

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0

7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)

8. SS17 Impact Fires 0

9. SS18 Unsafe Driver Actions 0

10. SS19 Run Off Road 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
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12. <u>01</u>	13. <u>01</u>	14. <u>20</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>B</u>
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19. <u>02</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
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26. <u>03</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
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33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
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40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____
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IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle *V2: 103.1 → 261.9*
 (01) Subcompact/mini (wheelbase < 254 cm)
 (02) Compact (wheelbase ≥ 254 but < 265 cm)
 (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
 (04) Full size (wheelbase ≥ 278 but < 291 cm)
 (05) Largest (wheelbase ≥ 291 cm)
 (09) Unknown passenger car size
 (14) Compact utility vehicle
 (15) Large utility vehicle (≤ 4,536 kgs GVWR)
 (16) Utility station wagon (≤ 4,536 kgs GVWR)
 (19) Unknown utility type
 (20) Minivan (≤ 4,536 kgs GVWR)
 (21) Large van (≤ 4,536 kgs GVWR)
 (24) Van Based school bus (≤ 4,536 kgs GVWR)
 (28) Other van type (≤ 4,536 kgs GVWR)
 (29) Unknown van type (≤ 4,536 kgs GVWR)
 (30) Compact pickup truck (≤ 4,536 kgs GVWR)
 (31) Large pickup truck (≤ 4,536 kgs GVWR)
 (38) Other pickup truck (≤ 4,536 kgs GVWR)
 (39) Unknown pickup truck type (≤ 4,536 kgs GVWR)
 (45) Other light truck (≤ 4,536 kgs GVWR)
 (48) Unknown light truck type (≤ 4,536 kgs GVWR)
 (49) Unknown light vehicle type
 (50) School bus (excludes van based)(≥ 4,536 kgs GVWR)
 (58) Other bus (> 4,536 kgs GVWR)
 (59) Unknown bus type
 (60) Truck (> 4,536 kgs GVWR)
 (67) Tractor without trailer
 (68) Tractor-trailer(s)
 (78) Unknown medium/heavy truck type
 (79) Unknown light/medium/heavy truck type
 (80) Motored cycle
 (90) Other vehicle
 (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|-------------------------|---|----------------------------------|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle | (R) Right side | (T) Top |
| | (N) Noncollision | (L) Left side | (U) Undercarriage |
| | (F) Front | (B) Back | (9) Unknown |
| | | | |
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle | (L) Left side | (C) Rear of cab |
| | (N) Noncollision | (B) Back of unit with cargo area
(rear of trailer or straight truck) | (V) Front of cargo area |
| | (F) Front | (D) Back (rear of tractor) | (T) Top |
| | (R) Right side | | (U) Undercarriage
(9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- (01-30) — Vehicle Number
- Noncollision
- (31) Overtake — rollover (excludes end-over-end)
- (32) Rollover — end-over-end
- (33) Fire or explosion
- (34) Jackknife
- (35) Other intraunit damage (specify): _____
- (36) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown
- Collision With Fixed Object
- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)
- Nonbreakaway Pole or Post
- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object
- Collision with Nonfixed Object
- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

DODGE
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

CARAVAN SE
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

2B4G4H4535RR
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

40 mph X 1.6093 = 64 ³⁷ kmph

12. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

55 mph X 1.6093 = 88.51 kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source:

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
 (0) Non-interchange area and non-junction
 (1) Interchange area related
Non-Interchange junctions
 (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____
 (5) Unknown type of junction
 (9) Unknown
20. Trafficway Flow 2
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic *Per PAR*
 (9) Unknown
21. Number Of Travel Lanes 2
 (1) One
 (2) Two *Per Witness*
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown
22. Roadway Alignment 1
 (1) Straight
 (2) Curve right *Per PAR diagram*
 (3) Curve left
 (9) Unknown
23. Roadway Profile 1
 (1) Level *Per PAR*
 (2) Uphill grade (>2%)
 (3) Hill crest
 (4) Downhill grade (>2%)
 (5) Sag
 (9) Unknown
24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt) *per witness*
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown
25. Roadway Surface Condition 1
 (1) Dry
 (2) Wet *per PAR*
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown
26. Light Conditions 1
 (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown
27. Atmospheric Conditions 0
 (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown
28. Traffic Control Device 6
 (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)
Regulatory
 (2) Stop sign *per PAR*
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____
 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown
29. Traffic Control Device Functioning 2
 (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA**30. Driver's Distraction/Inattention To Driving**
(Prior To Recognition Of Critical Event)

- (00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions

(03) By other occupant(s), (specify): _____

(04) By moving object in vehicle (specify): _____

(05) While talking or listening to cellular phone (specify location and type of phone): _____

(06) While dialing cellular phone (specify location and type of phone): _____

(07) While adjusting climate controls

(08) While adjusting radio, cassette, CD (specify): _____

(09) While using other device/controls integral to vehicle (specify): _____

(10) While using or reaching for device/object brought into vehicle (specify): _____

(11) Sleepy or fell asleep
(12) Distracted by outside person, object, or event (specify): _____

(13) Eating or drinking

(14) Smoking related

(97) Distracted/inattentive, details unknown

(98) Other, distraction (specify): _____

(99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event)

- (00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown

32. Critical Precrash Event**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

33. Attempted Avoidance Maneuver 02

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): _____

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 20

(Note: Applicable codes on back of this page)

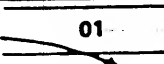
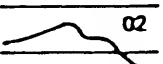
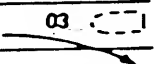
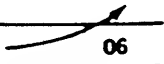
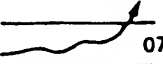
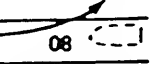
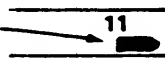
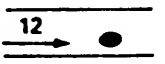

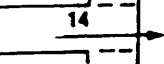

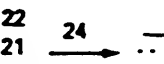
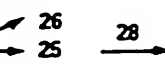
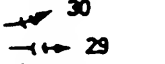
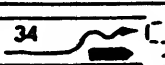

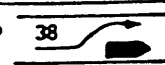
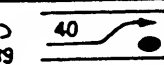
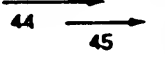
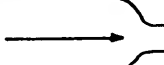
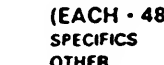

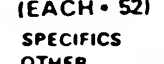



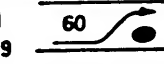
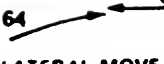




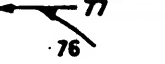

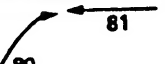

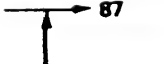

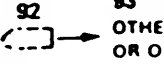

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify): _____

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 28, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN	
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO SAME DIRECTION	 80 TURN INTO OPPOSITE DIRECTIONS	 82 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 STRAIGHT PATHS	 88 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.470
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
3,235 lbs X .4536 = 1,467 kgs

Source: _____

44. Vehicle Cargo Weight 0.120
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
275 lbs X .4536 = 124.74 kgs

Source: DRIVER/OWNER**ROLLOVER DATA**

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 9
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify):

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 999
54. Heading Angle For Other Vehicle 999

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted <45 degrees
- (4) Tilted ≥45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 11

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

Altered / partially REPAIRED.

- (98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 999
- _____

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

61. Lateral Component of Delta V

Highest

+ 999
- _____

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (__999) Unknown

62. Energy Absorption

Highest

999.9 00

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL64. Confidence In Reconstruction Program
Results (For Highest Delta V)0

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V

INSPECTION TYPE

66. Estimated Highest Delta V (Researcher Determined) 2

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) ≥ 10 kmph but < 25 kmph
- (3) ≥ 25 kmph but < 40 kmph
- (4) ≥ 40 kmph but < 55 kmph
- (5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

67. Type of Vehicle Inspection 2

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify):
Altered / PARTIALLY
- (3) Complete inspection REPAIRED

DELTA V EVENT NUMBER

68. Delta V Event Number 1

- Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle
- (99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9608</u>		

VEHICLE IDENTIFICATION

VIN 2B4GH4535RR _____ Model Year 94
Vehicle Make (specify): Dodge Vehicle Model (specify): CARAVAN SE

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	UNK front end	Front end	UNK

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>112.3</u> inches	x 2.54	=	<u>285.2</u> cm
Overall Length	<u>178.1</u> inches	x 2.54	=	<u>452.4</u> cm
Maximum Width	<u>72.0</u> inches	x 2.54	=	<u>182.9</u> cm
Curb Weight	<u>3,235</u> pounds	x .4536	=	<u>1,467</u> kg
Average Track	<u>61.6</u> inches	x 2.54	= ¹⁵⁴ } <u>156.5</u> cm	
Front Overhang	_____ inches	x 2.54	=	<u>85</u> cm
Rear Overhang	_____ inches	x 2.54	=	<u>82</u> cm
Undeformed End Width	_____ inches	x 2.54	=	_____ cm
Engine Size: cyl./displ.	_____ cc	x .001	=	<u>3.0</u> L
V6	<u>181</u> CID	x .0164	=	<u>3.0</u> L

Shipping Weight 3,135

100

3,235

Curb Weight for a 1994

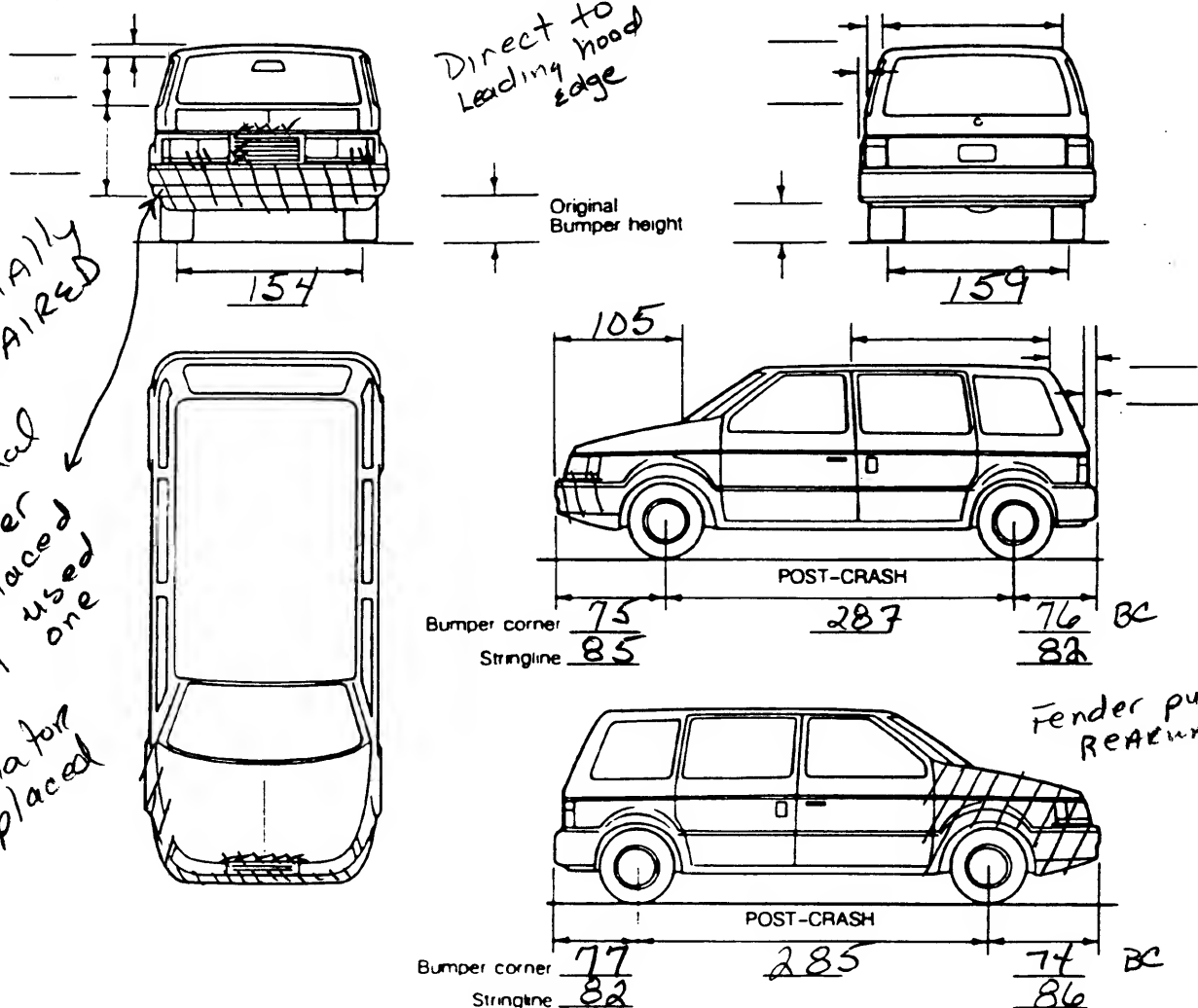
Dodge Caravan Cargo Van,

according to

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>285</u> cm Overall Length <u>452</u> cm Maximum Width <u>183</u> cm Curb Weight _____ kg Average Track <u>157</u> cm Front Overhang <u>85</u> cm Rear Overhang <u>82</u> cm Undeformed End Width <u>154</u> cm Engine Size: cyl./displ. <u>V6 3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm _____ ° LF \pm _____ ° RR \pm _____ ° LR \pm _____ ° Within \pm 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD			
				Approximate Cargo Weight _____ kg			

MEASUREMENTS IN CENTIMETERS



NOTES Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

Dodge Div., Chrysler Corp.

Type of Body Pass. Cap.	Model	Dimensions Inches				Ship. Wt.	Tax H.P.	Max GVW	Ins wgt class	List Price
		W.B.	Lt.	Wt.	Ht.					
12-PS Wagon B350 Maxi	Base	127.6"	224.7"	50.0"	80.6"	4749	48.92	7500	L	19,967
Van B350	Base	127.6"	196.9"	50.0"		4215	48.92	7500	L	17,086
Van B350	Base	127.6"	196.9"	50.0"		4264	48.92	8510	L	17,086
Van B350 Maxi	Base	127.6"	222.9"	50.0"		4364	48.92	7500	L	18,051
Van B350 Maxi	Base	127.6"	222.9"	50.0"		4381	48.92	8510	L	18,051

1993 Ram Wagon & Van V8 cyl 5.9 liter OVH SMPI Gas Engine

Bore & Stroke 4.0x3.58; Tax H.P. 51.2; SAE H.P. 230@4000; Torque 325@3200; D.P. 360 cu.in., 5.9 liter
Auto. Trans. 4-speed; EPA Mileage (Van) 12/16 (Wagon) 12/15

Van B350 Maxi Base 127.6" 222.9" 50.0" 4594 51.2 9000 L 18,434
Options Ram Wagon & Van: Destination Charges-\$570; Air Conditioning Front-\$970; Console-\$153; Maximum Engine Cooling-\$66; Aux. Auto. Trans. Cooling-\$64; Engine Block Heater-\$34; HD Suspension Front-\$15 Rear-\$71; Trailer Towing Pkg-\$412

1993 Ramcharger V8 cyl 5.2 liter OHV SMPI Gas Engine

Bore & Stroke 3.91x3.31; Tax H.P. 48.92; SAE H.P. 230@4800; Torque 280@3200; D.P. 318 cu.in., 5.2 liter
Auto. Trans. 4-speed; EPA Mileage 13/17

2-dr Utility 2WD	AD150S	106.0"	188.8"	79.5"	70.59"	4223	48.92	5600	L	17,636
2-dr Utility 2WD	AD150	106.0"	188.8"	79.5"	70.59"	4233	48.92	5600	L	19,926
2-dr Utility 4WD	AW150S	106.0"	188.8"	79.5"	74.06"	4570	48.92	6000	L	19,965
2-dr Utility 4WD	AW150	106."	188.8"	79.5"	74.06"	4580	48.92	6000	L	21,696

Options Ramcharger: Destination Charges-\$595; Air Conditioning-\$836; Rear Step Bumper-\$122; Radio AM/FM Stereo-\$194 W/cassette-\$399; Snow Plow Group-\$1048; Skid Plate-\$90; Deluxe Convenience Group-\$460; AntiSpin Differential-\$257; Sunscreen Glass-\$219; Power Convenience Group-\$381

Dodge Div., Chrysler Corp.

1994 Caravan CV 4 cyl 2.5 liter SOHC EFI Gas Engine(8 valve)

Bore & Stroke 3.44x4.09; Tax H.P. 18.93; SAE H.P. 100@4800; Torque 135@2800; 153 cu.in., 2.5 liter
Man. Trans. 5-speed; EPA Mileage 20/30

MiniVan w/21A	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	18.93	4340	L	14,412
Auto. Trans. 3-speed; EPA Mileage Estimate 20/26										
MiniVan w/22A	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	18.93	4340	L	15,013
MiniVan Commercial w/22B	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	18.93	5190	L	15,291

1994 Caravan CV V6 cyl 3.0 liter SOHC MPFI Gas Engine(12 valve)

Bore & Stroke 3.59x2.99; Tax H.P. 30.93; SAE H.P. 142@5000; Torque 173@2400; 181.4 cu.in., 3.0 liter
Auto. Trans. 3-speed; EPA Mileage Estimate 19/24

MiniVan w/24A	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	30.93	4340	L	15,780
MiniVan Commercial w/24B	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	30.93	5190	L	16,058
MiniVan Conversion w/24C	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	30.93	5190	L	17,047

1994 Caravan CV V6 cyl 3.3 liter SMPI Gas Engine(12 valve)

Bore & Stroke 3.66x3.19; Tax H.P. 32.15; SAE H.P. 162@4800; Torque 194@3600; 201.5 cu.in., 3.3 liter
Auto. Trans. 4-speed; EPA Mileage 18/23

MiniVan w/27A	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	32.15	4340	L	20,968
MiniVan Commercial w/27B	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	32.15	5190	L	21,246
MiniVan Conversion w/27C	ASKE12	112.3"	178.1"	72.0"	66.0"	3135	32.15	5190	L	22,235
MiniVan w/28A	ASKE13	119.3"	192.8"	72.0"	66.7"	3436	32.15	5429	L	16,866
MiniVan Commercial w/28B	ASKE13	119.3"	192.8"	72.0"	66.7"	3436	32.15	5429	L	16,932
MiniVan Conversion w/28C	ASKE13	119.3"	192.8"	72.0"	66.7"	3436	32.15	5429	L	17,821

Options Caravan: Destination Charges-\$540; V6 cyl 3.0 liter SOHC Gas Engine-\$694; Option Pkg Base 112"WB (21A)-Std (22B)-\$601 (24A)-\$1368 (27A)-\$1668 Commercial 112"WB (22B)-\$879 (24B)-\$1646 (27B)-\$1946 (22Z)-\$1778 (24Z)-\$2545 (27Z)-\$2845 Conversion 112"WB (24C)-\$2635 (27C)-\$2935 (24D)-\$3450 (27D)-\$3750 Base 119"WB (28A)-Std Commercial 119"WB (28B)-\$66 (28Z)-\$965 Conversion 119"WB (28C)-\$955 (28D)-\$1970; Air Conditioning-\$857; Convenience Group (Deluxe)-\$372 (Power)-\$730; Electric Rear Window Defroster-\$168; Emission (Calif & NY)-\$102; Glass Sliding Cargo Door-\$118; Power Door Locks-\$265; Tilt Steering Column-\$148; Spare Tire-\$109; Sunscreen Glass-\$256; Trailer Towing Group-\$264

1994 Dakota Pickup 4 cyl 2.5 liter SOHC EFI Gas Engine(8 valve)

Bore & Stroke 3.44x4.09; Tax H.P. 18.93; SAE H.P. 99@4500; Torque 132@2800; 153.0 cu.in., 2.5 liter
Man. Trans. 5-speed; EPA Mileage 22/27

Reg Cab RWD 6.5' w/21W	WS	111.9"	189.0"	69.3"	66.2"	2991	18.93	4200	L	9,560
Reg Cab RWD 6.5' w/21B	Sport	111.9"	189.0"	69.3"	66.2"	2991	18.93	4200	L	10,742
Reg Cab RWD 6.5' w/21C	Base	111.9"	189.0"	69.3"	66.2"	2991	18.93	4200	L	11,432

1994 Dakota Pickup V6 cyl 3.9 liter OHV SMPI Gas Engine(12 valve)

Bore & Stroke 3.91x3.31; Tax H.P. 36.69; SAE H.P. 175@4800; Torque 225@3200; 239.0 cu.in., 3.9 liter
Man. Trans. 5-speed; EPA Mileage RWD 16/22 4WD 15/19

Reg Cab RWD 6.5' w/23W	WS	111.9"	189.0"	69.3"	66.2"	3259	36.69	4200	L	10,424
Reg Cab RWD 6.5' w/23B	Sport	111.9"	189.0"	69.3"	66.2"	3259	36.69	4200	L	11,273

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
							+
							-

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
							+
							-

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 154
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width
(For highest severity impact) 999
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 285
_____ Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

29. Original Average Track Width 157
_____ Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

43. Leakage Location of Fuel System-1 144. Leakage Location of Fuel System-2 0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1 0146. Fuel Type-2 00*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9608

3. Vehicle Number

01

INTEGRITY

4. Passenger Compartment Integrity

00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 3 19. RR 3
20. BL 3 21. Roof 0 22. Other 3

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 3 25. RF 3 26. LR 2 27. RR 2
28. BL 1 29. Roof 0 30. Other 3

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1
36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

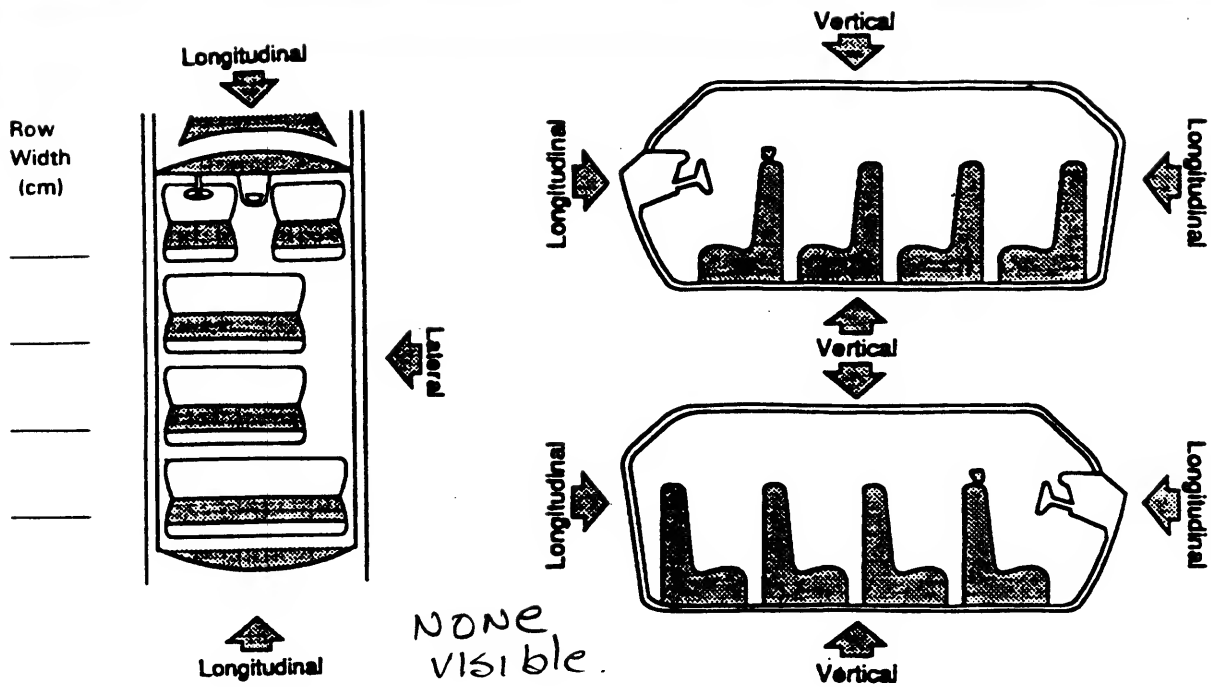
Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
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		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—	No Deformation	=	
--	---	----------------	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

STEERING COLUMN

87. Steering Column Type

- (1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
(1) Full back
(2) Between full back and midpoint
(3) Midpoint
(4) Between midpoint and full forward
(5) Full forward
(9) Unknown

90. Steering Rim/Spoke Deformation

Code actual measured

- deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

91. Location of Steering Rim/Spoke Deformation

(00) No steering rim deformation

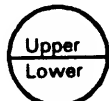
Quarter Sections

- (01) Section A
(02) Section B
(03) Section C
(04) Section D



Half Sections

- (05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



- (09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

92. Odometer Reading

023,000
22,968 kilometers @ Initial Repair

Code to the nearest 1,000 kilometers

- (000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown

_____ miles X 1.6093 = 23,752 kilometers

Source: ODometer @ Time of inspection

93. Instrument Panel Damage from Occupant Contact?

- (0) No
(1) Yes
(9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
(1) Padded
(2) Rigid plastic
(8) Other (specify): _____
(9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
(1) No - door did not open
(2) Yes - door opened
(9) Unknown

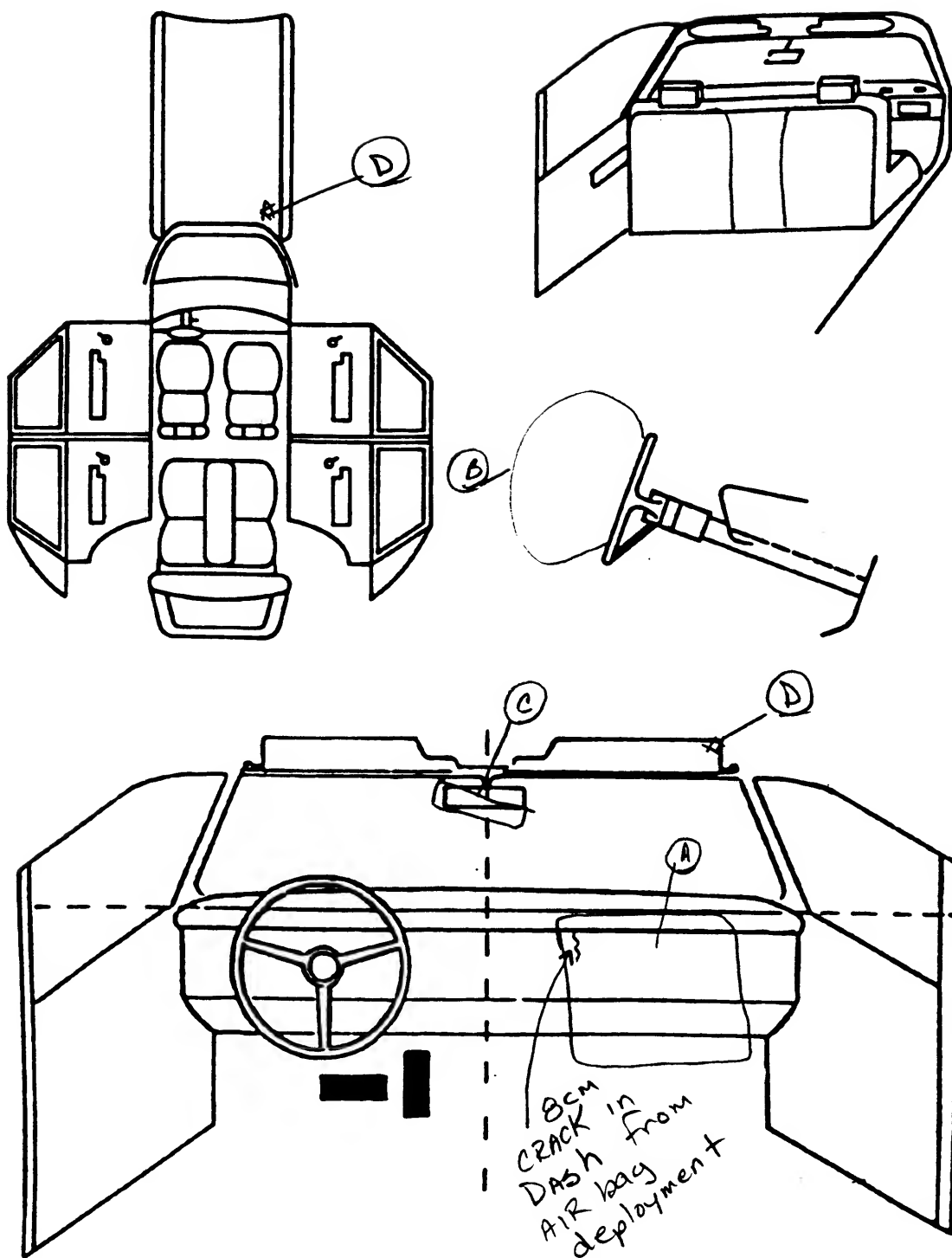
97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
(1) Adaptive driving equipment installed (Check all that apply.)
[] Hand controls for braking/acceleration
[] Steering control devices (attached to OEM steering wheel)
[] Steering knob attached to steering wheel
[] Low effort power steering (unit or device)
[] Replacement steering wheel (i.e., reduced diameter)
[] Joy-stick steering controls
[] Wheelchair tie-downs
[] Modification to seat belts (specify): _____
[] Additional or relocated switches (specify): _____
[] Raised roof
[] Wall-mounted head rest (used behind wheelchair)
[] Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	180	2	FACE	Blood / SKIN	1
B	170	1	FACE	Blood / SKIN	2
C	002			CRACKED tilted	9
D	003	2	(R) HAND	SKIN / TISSUE TRANSFER	1
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Well mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Evidence of usage	04		04
	Used in this crash?	04		04
	Proper Use	1		1
	Failure Modes	1		1
	Anchorage Adjustment	4		2 *
SECOND	Availability	4	0	4
	Evidence of usage	00		04
	Used in this crash?	0		0
	Proper Use	0		0
	Failure Modes	0		0
	Anchorage Adjustment	1		1
OTHER	Availability	4	3	4
	Evidence of usage	00	00	00
	Used in this crash?	00	00	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

* MAY HAVE
been Re-adjusted
prior to
inspection
since passenger
of shorter
stature.

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	/	/	0
	Deployment	/	/	0
	Failure	/	/	0

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available

- (1) Deployed during accident (as a result of impact)

- (2) Deployed inadvertently just prior to accident

- (3) Deployed, accident sequence undetermined

- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (5) Unknown if deployed

- (7) Nondeployed

- (9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag

- (1) Deployed during accident (as a result of impact)

- (2) Deployed inadvertently just prior to accident

- (3) Deployed, details unknown

- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (5) Unknown if deployed

- (7) Nondeployed

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available

- (1) 2 point automatic belts

- (2) 3 point automatic belts

- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly

- with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	01	01
Source of air bag damage	01	01
Air bag tethered?	1	2
Air bag have vent ports?	2	1
Other occupant contact air bag?	1	1
Occupant wearing eyewear?	2	

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 1 wide one
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

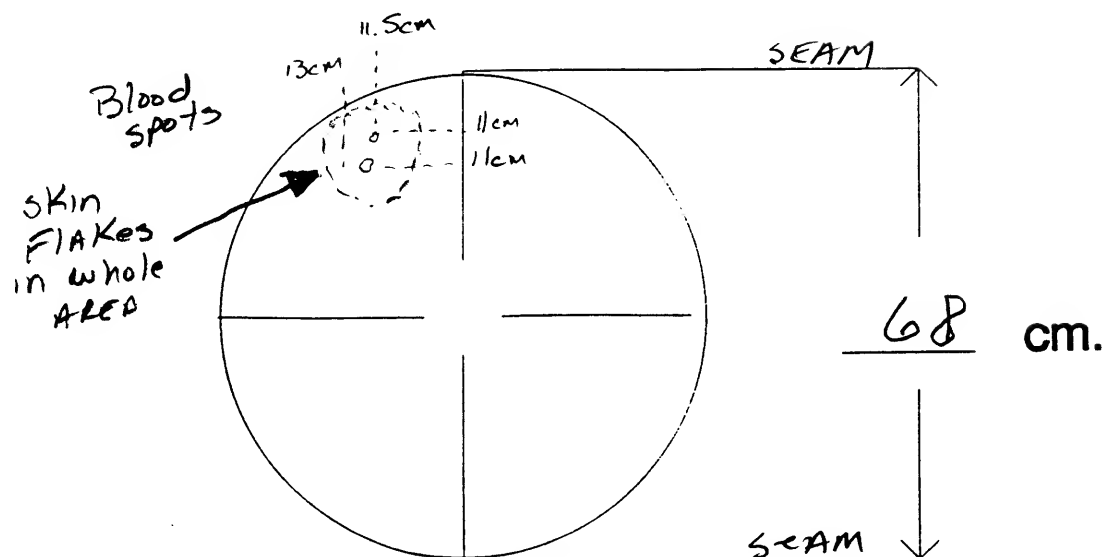
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

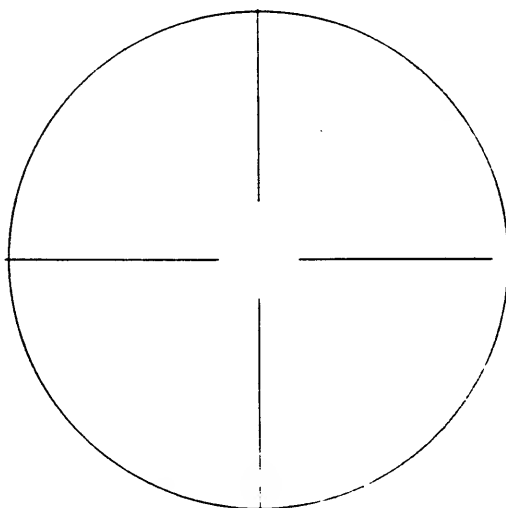
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

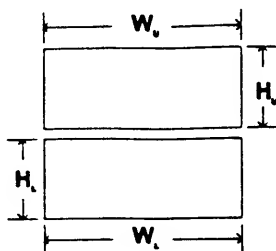
width (W_u) 18

height (H_u) 6

b. Lower Flap

width (W_l) 18

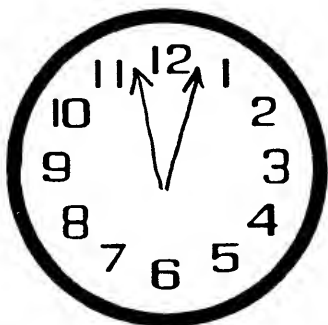
height (H_l) 7



4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

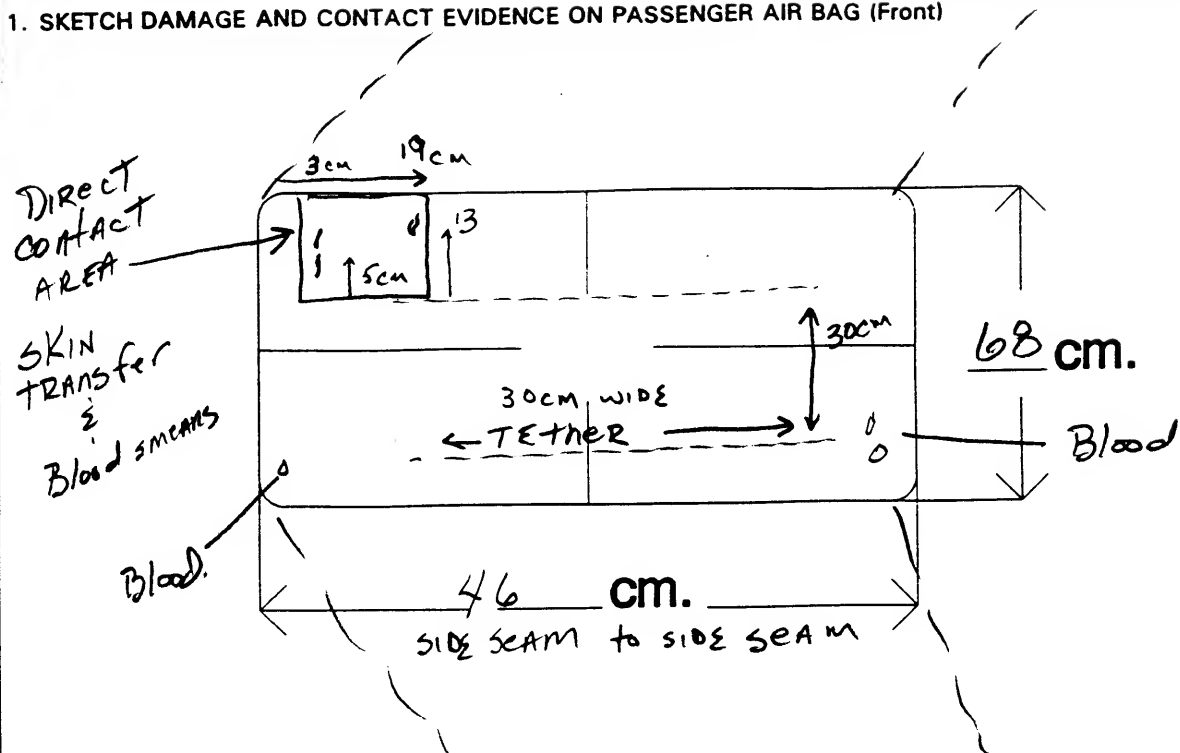
6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



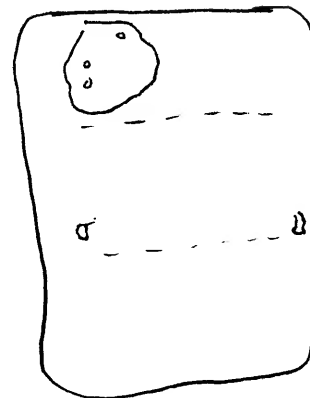
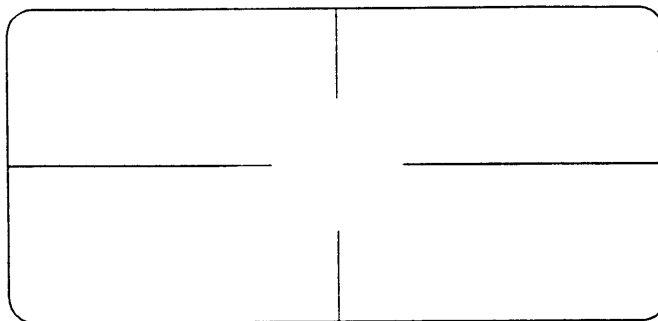
vent hole
Diameter
3cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



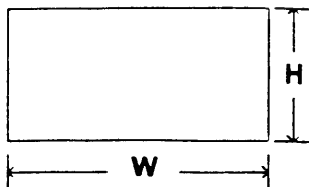
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) 32 cm

height (H) 15 cm



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

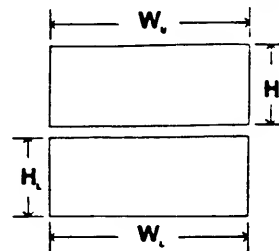
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

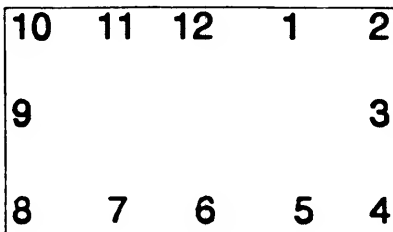
height (H_l) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



NO
VENT
Holes

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	1		1
	Seat Type	09		09
	Seat Performance	1		1
	Seat Orientation	1		1
	Seat Track Position	6		6
	Seat Back Incline Pre/Post Impact	23		23
S E C O N D	Head Restraint Type/Damage	1		1
	Seat Type	02		02
	Seat Performance	0		0
	Seat Orientation	0		0
	Seat Track Position	0		0
	Seat Back Incline Pre/Post Impact	23		23
T H I R D	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	0	0	0
	Seat Orientation	0	0	0
	Seat Track Position	0	0	0
	Seat Back Incline Pre/Post Impact	00	00	00
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
 (1) Integral — no damage
 (2) Integral — damaged during accident
 (3) Adjustable — no damage
 (4) Adjustable — damaged during accident
 (5) Add-on — no damage
 (6) Add-on — damaged during accident
 (8) Other
 Specify: _____
 (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify): _____
 (10) Box mounted seat (i.e., van type)
 (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat tracks/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

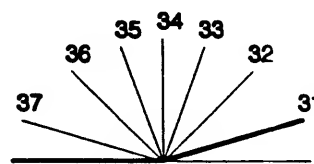
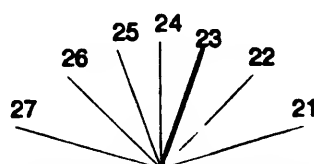
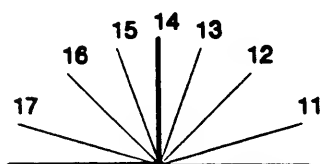
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
 (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat		NONE				
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation

- (99) Unknown if child safety seat used
- 3. Child Safety Seat Harness Usage**

4. Child Safety Seat Shield Usage

- 5. Child Safety Seat Tether Usage**
 Note: Options Below Are Used for Variables 3-5.
 (00) No child safety seat

- Not Designed with Harness/Shield/Tether
- (01) After market harness/shield/tether added, not used
 - (02) After market harness/shield/tether used
 - (03) Child safety seat used, but no after market harness/shield/tether added
 - (09) Unknown if harness/shield/tether added or used

- Designed With Harness/Shield/Tether
- (11) Harness/shield/tether not used
 - (12) Harness/shield/tether used
 - (19) Unknown if harness/shield/tether used

- Unknown If Designed With Harness/Shield/Tether
- (21) Harness/shield/tether not used
 - (22) Harness/shield/tether used
 - (29) Unknown if harness/shield/tether used
 - (99) Unknown if child safety seat used

- 6. Child Safety Seat Make/Model**
 (Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes [☐]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes [☐]

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

10
9608
02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

NISSAN

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

ALTIMA

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1N4BU31D3RC

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

____ mph X 1.6093 = ____ kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit in kmph
(999) Unknown

55 mph X 1.6093 = ____ kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify): _____
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify): _____
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRAASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0
 (0) Non-interchange area and non-junction
 (1) Interchange area related
Non-Interchange junctions
 (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____
 (5) Unknown type of junction
 (9) Unknown
20. Trafficway Flow 2
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic *Per PAR*
 (9) Unknown
21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three *Per witness*
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown
22. Roadway Alignment 1
 (1) Straight
 (2) Curve right *Per PAR diagram*
 (3) Curve left
 (9) Unknown
23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (>2%) *Per PAR*
 (3) Hill crest
 (4) Downhill grade (>2%)
 (5) Sag
 (9) Unknown
24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone *per witness*
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown
25. Roadway Surface Condition 1
 (1) Dry
 (2) Wet *Per PAR*
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown
26. Light Conditions 1
 (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown
27. Atmospheric Conditions 0
 (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown
28. Traffic Control Device 6
 (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)
Regulatory
 (2) Stop sign
 (3) Yield sign
 (4) School zone sign *per PAR*
 (5) Other regulatory sign (specify): _____
 (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown
29. Traffic Control Device Functioning 2
 (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 05
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 53

THIS VEHICLE LOSS OF CONTROL DUE TO:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

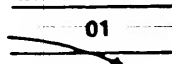
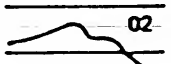
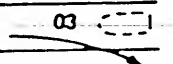
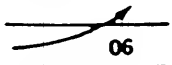
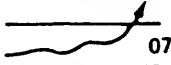
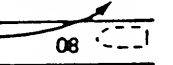
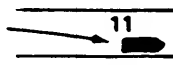

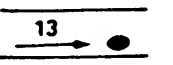


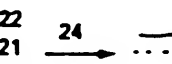
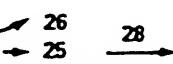
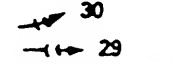
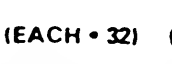
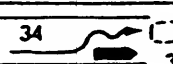

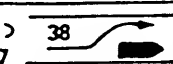
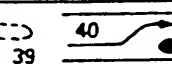
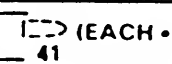
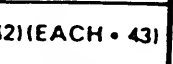
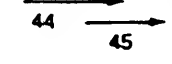
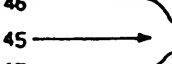


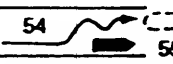
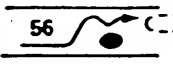
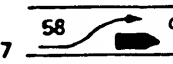
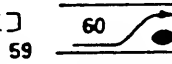

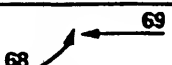
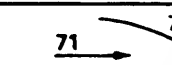
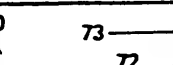
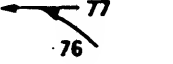
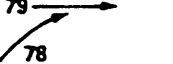
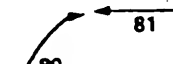
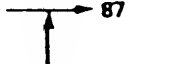
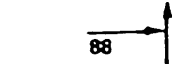
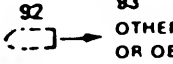

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

<p>33. Attempted Avoidance Maneuver <u>01</u></p> <p>(00) No driver present (01) No avoidance maneuver (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (98) Other action (specify): _____ (99) Unknown</p> <p>34. Pre-Impact Stability <u>1</u></p> <p>(0) No driver present (1) Tracking (2) Skidding longitudinally—rotation less than 30 degrees (3) Skidding laterally—clockwise rotation (4) Skidding laterally—counterclockwise rotation (7) Other vehicle loss-of-control (specify): _____ (9) Precrash stability unknown</p>	<p>35. Pre-Impact Location <u>1</u></p> <p>(0) No driver present (1) Stayed in original travel lane (2) Stayed on roadway but left original travel lane (3) Stayed on roadway, not known if left original travel lane (4) Departed roadway (5) Remained off roadway (6) Returned to roadway (7) Entered roadway (9) Unknown</p> <p>36. Accident Type <u>21</u></p> <p>(Note: Applicable codes on back of this page)</p> <p>(00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): _____ (99) Unknown</p>
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STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 28, 30, 31	 26 SPECIFICS OTHER	 28 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 42 SPECIFICS OTHER  43 SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 SPECIFICS OTHER	 48 SPECIFICS UNKNOWN	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 SPECIFICS OTHER	(EACH • 74) (EACH • 75) SPECIFICS UNKNOWN	
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 80 SPECIFICS OTHER	(EACH • 84) (EACH • 85) SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86	 88	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 00

AIR BAG RELATED

40. Is this an AOPS Vehicle? 2
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 1
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.38 0
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
3035 lbs X .4536 = 1.377 kgs
 Source: (Averaged)

44. Vehicle Cargo Weight 9.99 0
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 9

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(996) Non-horizontal impact
(997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle 99954. Heading Angle For Other Vehicle 999**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 11

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):
out of state
VEH

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: _000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: _000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption

Highest

999.900

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL64. Confidence In Reconstruction Program
Results (For Highest Delta V)0

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
66. Estimated Highest Delta V (Researcher Determined) <u>6</u> (0) Reconstruction Delta V coded <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe (9) Unknown	67. Type of Vehicle Inspection <u>0</u> (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection DELTA V EVENT NUMBER 68. Delta V Event Number <u>1</u> _____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>1</u> <u>0</u>	3. Vehicle Number	<u>0</u> <u>2</u>
2. Case Number - Stratum	<u>9</u> <u>6</u> <u>0</u> <u>8</u>		

VEHICLE IDENTIFICATION

VIN 1N4BU31D3RC Model Year 94
Vehicle Make (specify): NISSAN Vehicle Model (specify): ALTIMA GXE

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
	No Inspection		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 103.1 inches x 2.54 = 261.9 cm
 Overall Length 180.5 inches x 2.54 = 458.5 cm
 Maximum Width 67.1 inches x 2.54 = 170.4 cm
 Curb Weight 3,035 pounds x 0.4536 = 1,376.7 kg
 Average Track ^{57.7}_{57.3} 57.5 inches x 2.54 = 146.1 cm
 Front Overhang _____ inches x 2.54 = _____ cm
 Rear Overhang _____ inches x 2.54 = _____ cm
 Undeformed End Width _____ inches x 2.54 = _____ cm
 Engine Size: cyl/dspl. _____ cc x 0.001 = 2.4 L
 I4 145 CID x 0.0164 = 2.4 L
 4-Passengers

Shipping Weight

5-speed Manual

$$2,898 + 100 = 2,998$$

4-speed Automatic

$$2,972 + 100 = 3,072$$

5-speed Manual (likely XE)

2,829

No anti-lock per _____

2,998

3,072

2/6,070

Average

3,035

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}

Color: {specify}

Repair Cost: \$

Transmission: {circle} Automatic | Manual

Speed: 3-speed | 4-speed | 5-speed | Other:

Steering: {circle}

Power-assisted | Manual

Type: rack-and-pinion | worm-and-gear | Other

{please describe}:

Brakes: {circle}

Power-assisted | Manual

Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
| front disc, rear drum | Other:

Observed Defects: {specify}

Fleet Type: {circle}

Private vehicle

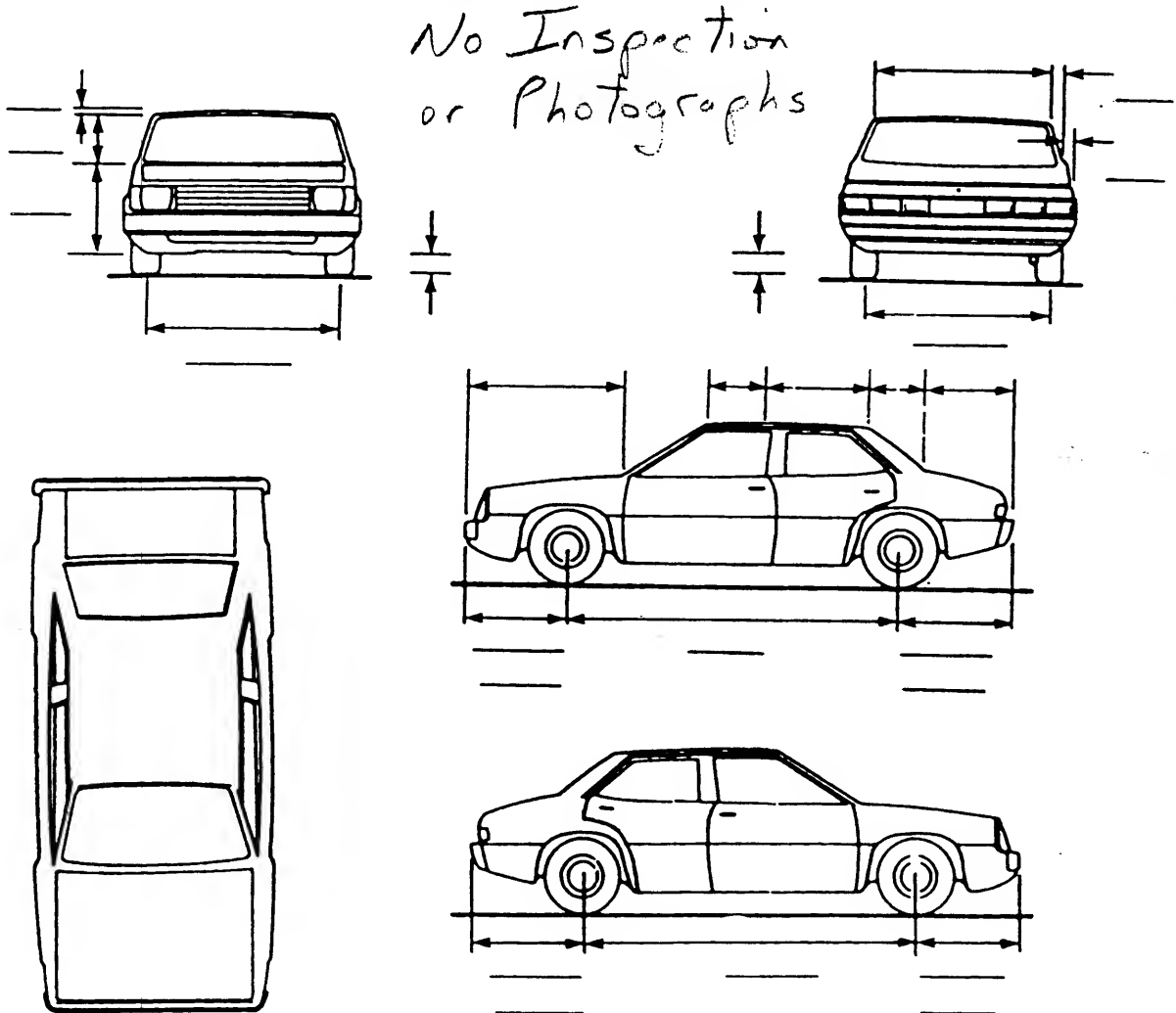
Rental vehicle | Leased vehicle | Commercial vehicle | Other

{please describe}:

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF _____ LF _____ RR _____ LR _____ b. Tire deflated RF _____ LF _____ RR _____ LR _____ (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>262</u> cm Overall Length <u>458</u> cm Maximum Width <u>170</u> cm Curb Weight <u>1,377</u> kg Average Track <u>146</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>I4 2.4</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight _____ kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

AUTOMOBILE REFERENCE BOOK-FOREIGN CAR SECTION

NISSAN MOTOR CO., LTD.

Type of Body Pass. Cap.	Model	Wheel Base	Dimensions Inches		Ship. Wt. lb.	Tax H.P.	P.O.E.	P.O.E.
			Lt. x	Wt. x Ht.			West Coast	East Coast
4-PS 4-dr Sedan GXE	42214	95.7"	170.3"	65.6" x 53.9"	2500	14.3	15,859	15,859
1994 1/2 SENTRA FWD 4 cyl 2.0 liter, DOHC SMPFI Gas Engine(16 valve)								
Bore & Stroke 3.39x3.39; Tax H.P. 18.39; SAE H.P. 140@6400; Torque 132@4800; 122 cu.in., 2.0 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 23/31								
4-PS 2-dr Sedan SE-R	22453	95.7"	170.3"	65.6" x 53.9"	2467	18.39	14,489	14,489
Auto. Trans. 4-speed; EPA Mileage Estimate								
4-PS 2-dr Sedan SE-R	22414	95.7"	170.3"	65.6" x 53.9"	2518	18.39	15,289	15,289
Options Sentra: Destination Charges-\$380; Air Conditioning-(A01)-\$995; Driver-Side Airbag(N03)-\$575; SE/SE R Value Pkg(F09)-\$1300; Power Sunroof(J01)-\$825; Metallic Paint(E09)-\$100; Antilock Braking System(B07)-\$700; Cruise Control(S05)-\$230; Calif Emission(C01)-\$150; AM/FM Stereo w/cassette(H01)-\$600; Fleet Pkg(W01)-\$1260; Power Steering(S02)-\$500								
1994 ALTIMA FWD 4 cyl 2.4 liter, DOHC SMPFI Gas Engine(16 valve)								
Bore & Stroke 3.50"x3.78"; Tax H.P. 19.6; SAE H.P. 150@5600; Torque 154@4400; 145 cu.in., 2.4 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 24/30								
4-PS 4-dr Sedan XE	15654	103.1"	180.5"	67.1" x 55.9"	2829	19.6	13,999	13,999
4-PS 4-dr Sedan GXE	15754	103.1"	180.5"	67.1" x 55.9"	2898	19.6	15,279	15,279
4-PS 4-dr Sedan SE	15954	103.1"	180.5"	67.1" x 55.9"	2902	19.6	18,279	18,279
Auto. Trans. 4-speed; EPA Mileage Estimate 21/29								
4-PS 4-dr Sedan XE w/Cruise Contrd	15614	103.1"	180.5"	67.1" x 55.9"	2907	19.6	14,999	14,999
4-PS 4-dr Sedan GXE	15714	103.1"	180.5"	67.1" x 55.9"	2972	19.6	16,109	16,109
4-PS 4-dr Sedan SE	15914	103.1"	180.5"	67.1" x 55.9"	2988	19.6	19,109	19,109
4-PS 4-dr Sedan GLE	15814	103.1"	180.5"	67.1" x 55.9"	2990	19.6	19,279	19,279
Options Altima: Destination Charges-\$380; Antilock Braking System(B07)-\$995; ABS w/Viscous Ltd. Slip(B10)-\$1195; Cruise Control(S07)-\$230; Leather Trim Package(X03)-\$1000; XE Option Pkg(F02)-\$1825; Power Sunroof(J01)-\$825; GXE Value Option Pkg(F09)-\$1200; SE Special Edition Pkg(W55)-\$300; Calif. Emissions(C01)-\$150								
1994 MAXIMA FWD V6 cyl 3.0 liter, SOHC SMPFI Gas Engine(VG30E)(12 valve)								
Bore & Stroke 3.43"x3.27"; Tax H.P. 28.24; SAE H.P. 160@5200; Torque 182@2800; 181cu.in., 3.0 liter								
Auto. Trans. 4-speed; EPA Mileage Estimate 19/26								
4-PS 4-dr Sedan GXE	08414	104.3"	187.6"	69.3" x 55.1"	3139	28.24	22,429	22,429
1994 MAXIMA FWD V6 cyl 3.0 liter, DOHC SMPFI Gas Engine(VE30DE)(24 valve)								
Bore & Stroke 3.43"x3.27"; Tax H.P. 28.24; SAE H.P. 190@5600; Torque 190@4000; 181cu.in., 3.0 liter								
Man. Trans. 5-speed; EPA Mileage Estimate 21/26								
4-PS 4-dr Sedan SE	08254	104.3"	187.6"	69.3" x 55.1"	3165	28.24	23,529	23,529
Auto. Trans. 4-speed; EPA Mileage Estimate 19/25								
4-PS 4-dr Sedan SE	08214	104.3"	187.6"	69.3" x 55.1"	3224	28.24	24,464	24,464
Options Maxima: Destination Charges-\$380; Luxury Pkg(V01)-\$2595; GXE Leather Trim Pkg(X03)-\$1025; Antilock Braking System(B07)-\$995; Pearlglow Paint(E07)-\$350; Calif. Emissions(C01)-\$150; SE Leather Trim Package(X03)-\$1425; Sunroof(J01)-\$875; CD Player(H07)-\$400								
1994 240SX FWD 4 cyl 2.4 liter, DOHC SMPFI Gas Engine(KA24DE)(16 valve)								
Bore & Stroke 3.50"x3.78"; Tax H.P. 19.6; SAE H.P. 155@5600; Torque 160@4400; 146 cu.in., 2.4 liter								
Auto. Trans. 4-speed; EPA Mileage Estimate 21/26								
4-PS 2-dr Convertible	26814	97.4"	178.0"	66.5" x 50.8"	2770	19.6	23,969	23,969
Options Sentra 240SX: Destination Charges-\$380; Air Conditioning(A01)-\$995; Calif Emissions(C01)-\$150								
1994 300ZX RWD V6 cyl 3.0 liter, DOHC Gas Engine(24 valve)								
Bore & Stroke 3.43"x3.27"; Tax H.P. 28.24; SAE H.P. 222@6400; Torque 198@4800; 181cu.in., 3.0 liter								
Man. Trans. 4-speed; EPA Mileage Estimate 18/24								
2-PS 2-dr Coupe	64054	96.5"	169.5"	70.5" x 48.3"	3299	28.24	33,699	33,699
2-PS 2-dr Coupe w/t bar	64154	96.5"	169.5"	70.5" x 48.3"	3349	28.24	35,179	35,179
4-PS 2-dr 2+2 Coupe w/t bar	64254	101.2"	178.0"	70.9" x 48.1"	3413	28.24	36,489	36,489
2-PS 2-dr Convertible(Cloth)	64654	96.5"	169.5"	70.5" x 49.5"	3446	28.24	39,604	39,604
2-PS 2-dr Convertible(Leather)	64754	96.5"	169.5"	70.5" x 49.5"	3446	28.24	40,879	40,879
Auto. Trans. 4-speed; EPA Mileage Estimate 18/24								
2-PS 2-dr Coupe w/t bar	64114	96.5"	169.5"	70.5" x 48.3"	3378	28.24	36,129	36,129
4-PS 2-dr 2+2 Coupe w/t bar	64214	101.2"	178.0"	70.9" x 48.1"	3442	28.24	37,439	37,439
2-PS 2-dr Convertible(Cloth)	64614	96.5"	169.5"	70.5" x 49.5"	3475	28.24	40,604	40,604
2-PS 2-dr Convertible(Leather)	64714	96.5"	169.5"	70.5" x 49.5"	3475	28.24	41,879	41,879
1994 300ZX V6 cyl 3.0 liter, DOHC SMPFI Gas Engine(24 valve)								
Bore & Stroke 3.43"x3.27"; Tax H.P. 28.24; SAE H.P. 300@6400; Torque 283@3600; 181 cu.in., 3.0 liter								
Man. Trans. 4-speed; EPA Mileage Estimate 18/24								
2-PS 2-dr Coupe w/t bar Turbo	64854	96.5"	169.5"	70.5" x 48.4"	3517	28.24	40,099	40,099
Auto. Trans. 4-speed; EPA Mileage Estimate 18/24								
2-PS 2-dr Coupe w/t bar Turbo	64814	96.5"	169.5"	70.5" x 48.4"	3554	28.24	42,124	42,124

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): _____

2. Case Number - Stratum 9608

DRIVER

3. Vehicle Number 01

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was N/B there was construction on left had left lane closed down to one lane. I was in (B) lane traffic came up on me pretty quick traffic stopped. I had asked my wife for a cigarette when I looked up traffic was stopped nowhere for me to go.

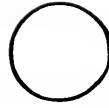
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

internal MEDICINE MD
PA

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

T.V-VIDEO on channel 8 in

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver [] Other occupant [] Relative/friend
TRAVEL DIRECTION?	<input checked="" type="checkbox"/> North [] South [] East [] West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 [] 2 [] 3 [] 4 [] Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry [] Wet [] Snow [] Slush [] Ice [] Sand, dirt, oil [] Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions [] Rain [] Fog [] Sleet [] Hail [] Snow [] Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign [] Yield sign [] School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input checked="" type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: <u>construction MERGE Arrow</u> <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None [] Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped [] 11-20 [] 31-40 [] 51-60 [] 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input checked="" type="checkbox"/> 41-50 [] 61-70 [] Unknown <i>mph Kilometers</i>
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight [] Stopped [] Turn left [] Turn right <input type="checkbox"/> Slow down [] Accelerate [] Back up <input type="checkbox"/> Change lanes to right [] Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No [] Unknown [] Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up [] Accelerating [] Unknown <input checked="" type="checkbox"/> Braking without lock-up [] Steering left [] Other- specify: <input type="checkbox"/> Releasing brakes [] Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane [] Different travel lane [] In intersection <input type="checkbox"/> Off roadway to right [] Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped [] 11-20 <input checked="" type="checkbox"/> 31-40 [] 51-60 [] 70+ <input type="checkbox"/> 1-10 [] 21-30 [] 41-50 [] 61-70 [] Unknown <i>Kilometers</i>
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>94</u> Make: <u>Dodge</u> Model: <u>CARAVAN</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<input checked="" type="checkbox"/> WS <input checked="" type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input checked="" type="checkbox"/> LR <input checked="" type="checkbox"/> RR <input checked="" type="checkbox"/> BL <input type="checkbox"/> Roof <input checked="" type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <u>5 or 6 suitcases</u> <u>3 coolers (empty), boxes</u> Approximate weight - <u>250-300</u> pounds
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: <u>HAVE you ever adjusted the shoulder / torso</u> <u>portion of seat belts on B-Pillar - NO! I</u> <u>don't know what your talking about.</u>	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION	
Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>Retired</u>
How long have you driven this vehicle?	Years: <u>1</u> Months: <u>10</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>kilometers</u> <u>20,000</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input checked="" type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road <u>2ND time</u>
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>Leaving Florida</u>
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # 2	OCCUPANT #
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'9" WEIGHT: 155 AGE: 75 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'3" 16" WEIGHT: 103 46" AGE: 98	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A G B one extended towards wife	Indicate all letters that apply and further describe as needed A K maybe turned towards me slightly to hand me cig	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input checked="" type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input checked="" type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

**TILT STEERING COLUMN
ADJUSTMENT
PRIOR TO IMPACT**

- | | | |
|--|---|---|
| <input type="checkbox"/> Not adjustable | <input type="checkbox"/> Full up | <input type="checkbox"/> Between full up and center |
| <input checked="" type="checkbox"/> Center | <input type="checkbox"/> Between center and full down | |
| <input type="checkbox"/> Full down | <input type="checkbox"/> Unknown | |

**TELESCOPING STEERING
COLUMN PRIOR TO IMPACT**

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Not adjustable | <input type="checkbox"/> Full back | <input type="checkbox"/> Between full back and midpoint |
| <input type="checkbox"/> Midpoint | <input type="checkbox"/> Between midpoint and full forward | |
| <input type="checkbox"/> Full forward | <input type="checkbox"/> Unknown | |

Did this vehicle have a cellular phone in it during the crash?

☒ No

☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☒ Other (specify): Turned towards w.ife to get cigarette
- ☐ Unknown

RESTRAINT INFORMATION			
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input checked="" type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input checked="" type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts: <u>never Adjusted shoulder belt.</u>			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input checked="" type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: eyeglasses mine Broke	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: eyeglasses. not broken	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:



Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

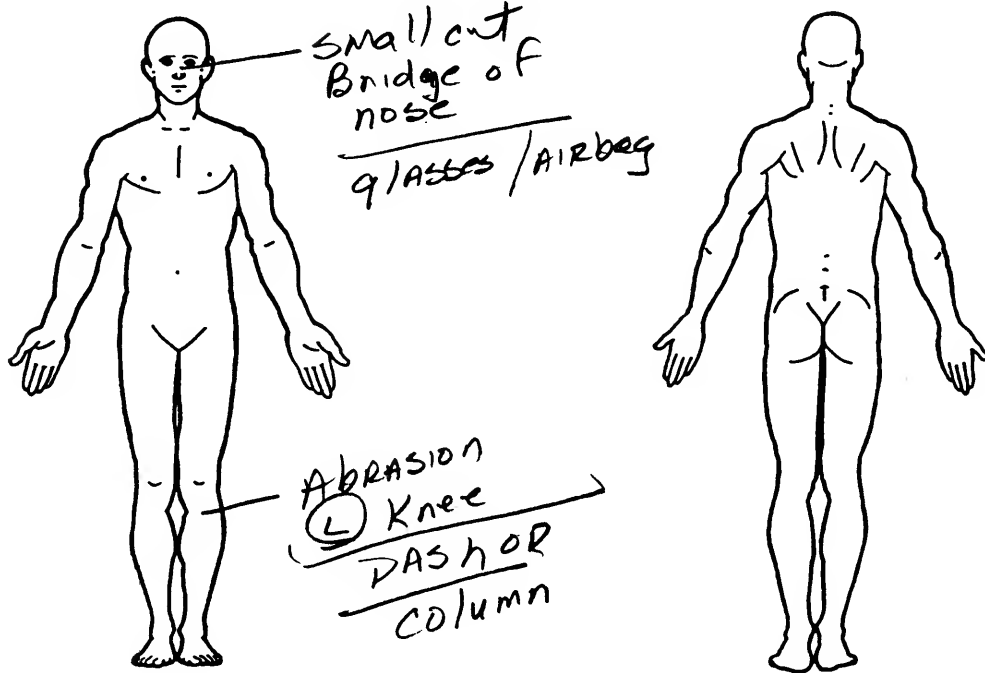
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> <u>2</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown <i>N/A</i> DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9608 Vehicle Number 01 Occupant Number 01

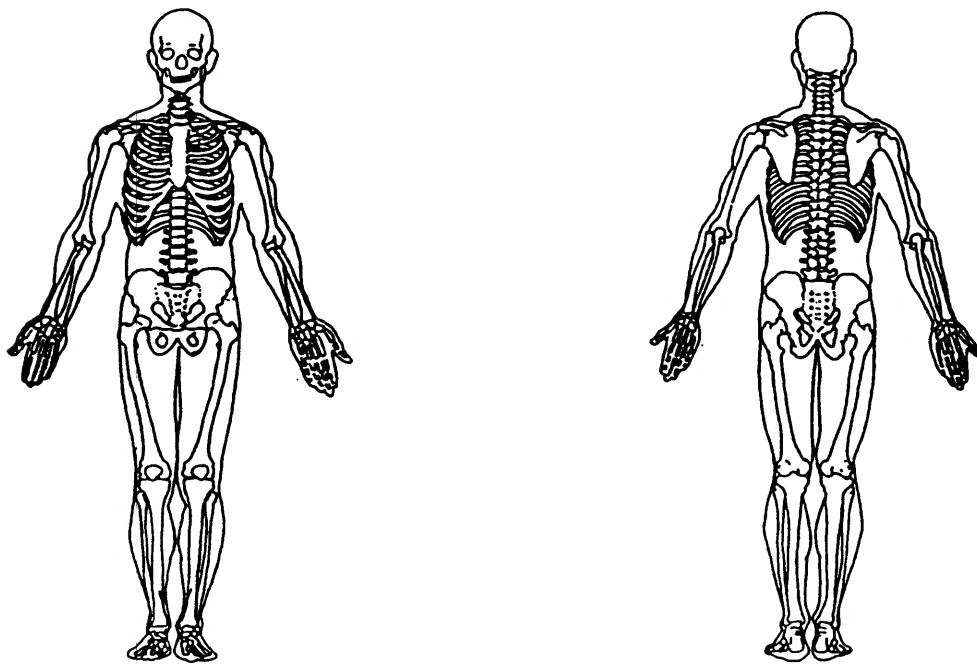
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



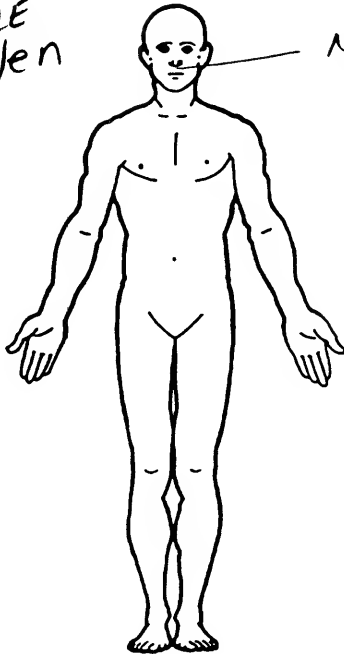
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9608Vehicle Number 01Occupant Number 02

INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER

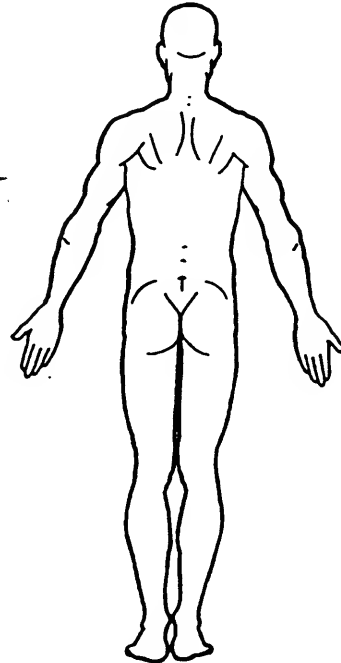
Whole
face
swollen
&
RED



SOFT TISSUE/INTERNAL INJURIES

NOSE &
mouth
bleeding
False teeth
Knocked out

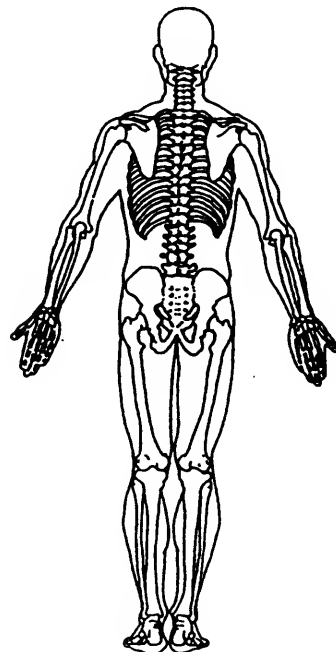
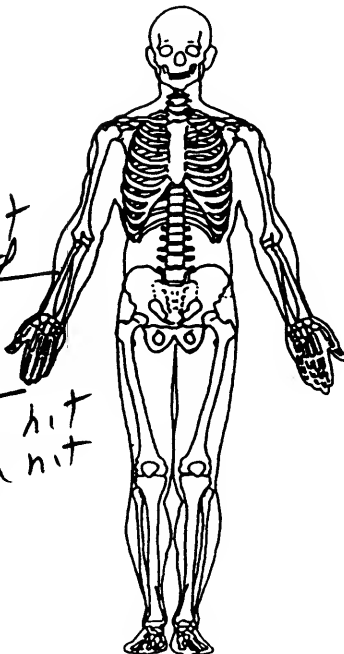
still
conscious
at scene



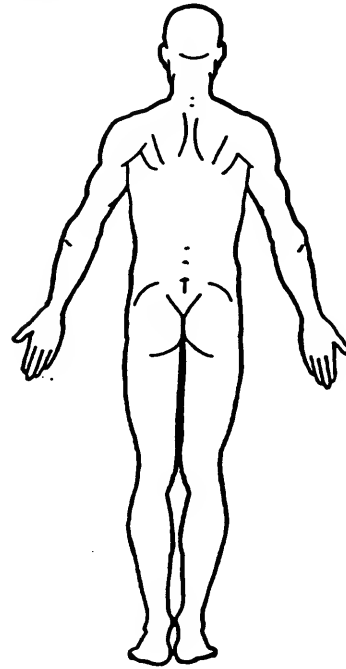
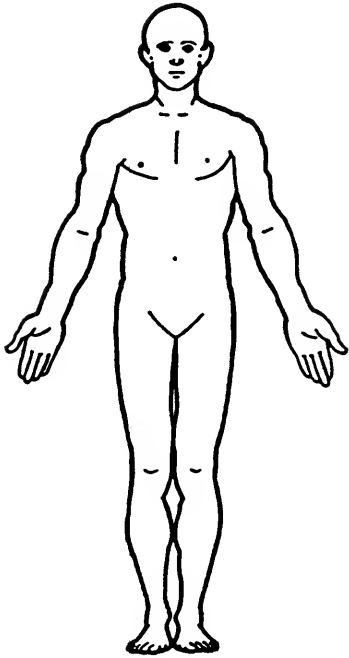
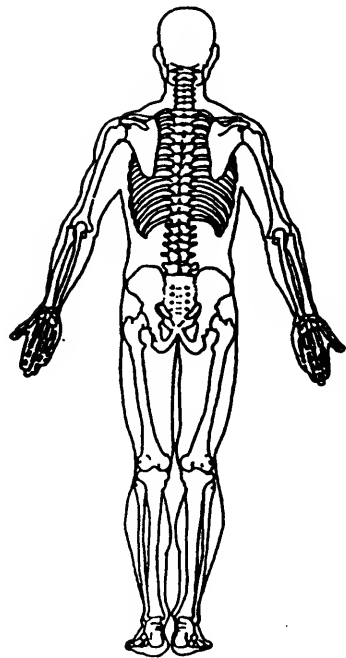
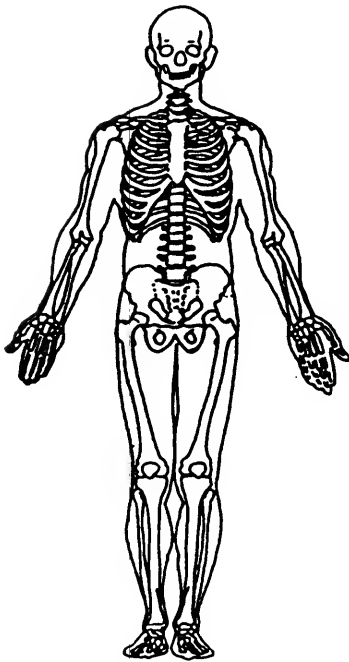
SKELETAL INJURIES

(R) wrist
comminuted
Fx
thru the
skin

Air bag hit
it Arm hit
Roof



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS INTERVIEW FORM:
VEHICLE #2 DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number 10 Interviewee(s) Role or Name(s): _____
2. Case Number - Stratum 9608 DRIVER
3. Vehicle Number 02 Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

Going N/B on [REDACTED] TRAFFIC AHEAD of me had stopped due to the TRAFFIC MERGING. I looked behind me saw him coming and BAM he hit me. Nothing I could do to AVOID IT

I DROVE AWAY FROM SCENE. BEEN DRIVING SINCE. JUST BROUGHT IT IN FOR REPAIRS CALIER THIS WEEK.

I'm pretty sure [REDACTED] IS A 3 lane Interstate that went down to 2 lanes for [REDACTED] SHOULDER REPAIR

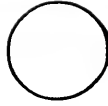
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

Both V₁ occupants had cuts on the BRIDGE of their noses

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

[REDACTED] - [REDACTED] NJ

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <i>construction</i> <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input checked="" type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>94</u> Make: <u>NISSAN</u> Model: <u>ALTIMA GXE</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<u>N/A</u> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: Approximate weight - <u>40.50</u> pounds <div style="text-align: right;">Brochures products</div>
VEHICLE MILEAGE	<u>72,500</u> miles <input type="checkbox"/> Unknown <u>116,677</u> km
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ <u>N/A</u> Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input checked="" type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input checked="" type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: <u>1</u> Months: <u>7</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>50,000</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input checked="" type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>Sales call</u>
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input checked="" type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Between full up and center																																																
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint																																																
<p>Did this vehicle have a cellular phone in it during the crash? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe type: _____ (e.g., portable, mounted in vehicle, flip phone, etc.) <input type="checkbox"/> Unknown</p> <p>(Note to researcher: try to determine any driver distractions without implying fault)</p>																																																			
<p>Was the driver doing any of the following? (check all that apply - and specify)</p> <p> <input type="checkbox"/> Talking to or listening to another occupant (specify): <input type="checkbox"/> Was there a moving object in vehicle (specify): <input type="checkbox"/> Talking or listening on a cellular phone (specify): <input type="checkbox"/> Dialing a cellular phone (specify): <input type="checkbox"/> Adjusting climate control (specify): <input type="checkbox"/> Adjusting radio, CD or cassette player (specify): <input type="checkbox"/> Using other device or object in vehicle (specify): <input type="checkbox"/> Sleepy / asleep (specify): <input type="checkbox"/> Distracted by outside person, object, or event (specify): <input type="checkbox"/> Eating or drinking (specify): <input type="checkbox"/> Smoking related (specify): <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown </p>																																																			

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

DRIVER		OCCUPANT # _____	OCCUPANT # _____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)		FRONT LEFT	
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian 188. Eskimo or Aleut Asian or Pacific Islander 90.7 Other (specify): Unknown		<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 6'2" WEIGHT: 200 AGE: 58 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown		<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown		Indicate all letters that apply and further describe as needed (A) (G) (L) on wheel (R) on ARMREST	

OCCUPANT DATA CONTINUED ON NEXT PAGE

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2-point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3-point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input checked="" type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: N/A	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

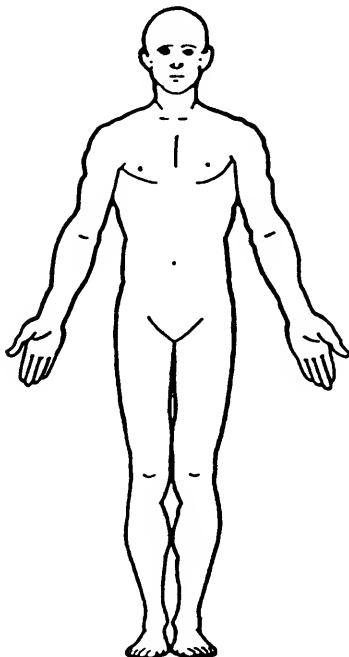
Describe any additional information here:

INJURY INFORMATION

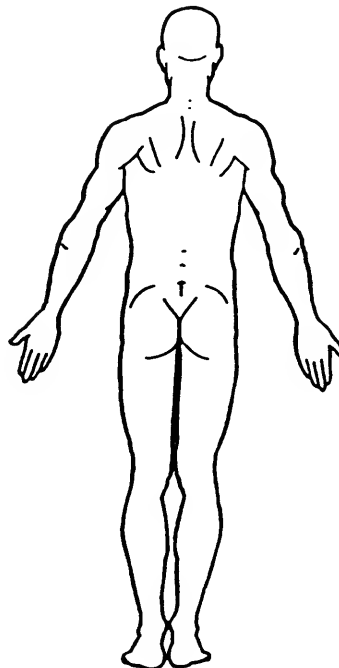
	DRIVER	OCCUPANT # _____	OCCUPANT # _____
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?			
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

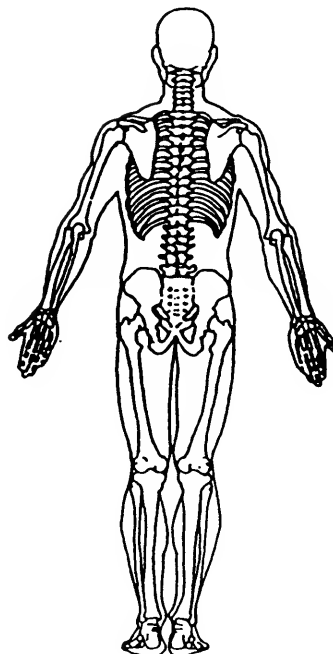
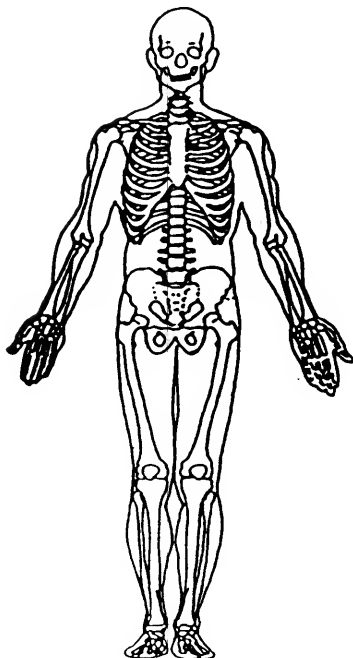
SOFT TISSUE/INTERNAL INJURIES



NONE



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9608
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 75
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 175
Code actual height to the nearest
centimeter.
(999) Unknown
69 inches X 2.54 = 175³ centimeters
8. Occupant's Weight 070
Code actual weight to the nearest
kilogram.
(999) Unknown
155 pounds X .4536 = 70³ kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in
front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 0 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 4

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 4

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment 1
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0
 Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0
 Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System 1
 Failure?
 (This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 996

- (_ 000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_ 996) Deployment, unknown longitudinal Delta V
(_ 997) Not deployed
(_ 998) Unknown if deployed
(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____
(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

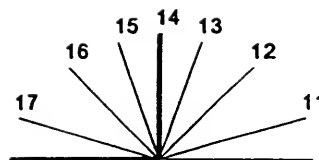
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 09
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

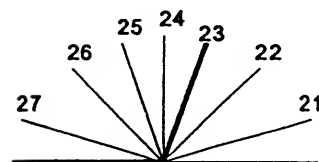
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

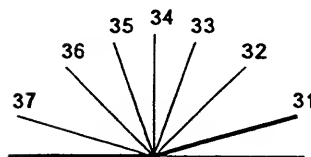
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
_____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 04

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9608

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number			
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity							
Abrasion ① side Nose	1st	5. <u>3</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>4</u>	12. <u>171</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
Abrasion dorsum ② Hand	2nd	16. <u>3</u>	17. <u>7</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>011</u>	24. <u>3</u>	25. <u>1</u>	26. <u>00</u>
Abrasions ③ knee + lower leg	3rd	27. <u>3</u>	28. <u>8</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>010</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
Contusion NF 5	4th	38. <u>3</u>	39. <u>9</u>	40. <u>9</u>	41. <u>04</u>	42. <u>00</u>	43. <u>1</u>	44. <u>9</u>	45. <u>697</u>	46. <u>9</u>	47. <u>7</u>	48. <u>99</u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

I.S. - 90

A.I.S. - 90											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
11th	—	—	—	— —	—	—	— — —	—	—	— —	
12th	—	—	—	— —	—	—	— — —	—	—	— —	
13th	—	—	—	— —	—	—	— — —	—	—	— —	
14th	—	—	—	— —	—	—	— — —	—	—	— —	
15th	—	—	—	— —	—	—	— — —	—	—	— —	
16th	—	—	—	— —	—	—	— — —	—	—	— —	
17th	—	—	—	— —	—	—	— — —	—	—	— —	
18th	—	—	—	— —	—	—	— — —	—	—	— —	
19th	—	—	—	— —	—	—	— — —	—	—	— —	
20th	—	—	—	— —	—	—	— — —	—	—	— —	
21st	—	—	—	— —	—	—	— — —	—	—	— —	
22nd	—	—	—	— —	—	—	— — —	—	—	— —	
23rd	—	—	—	— —	—	—	— — —	—	—	— —	
24th	—	—	—	— —	—	—	— — —	—	—	— —	
25th	—	—	—	— —	—	—	— — —	—	—	— —	

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion	Abbreviated Injury Scale (1) Minor Injury (2) Moderate Injury (3) Serious Injury (4) Severe Injury (5) Critical Injury (6) Maximum (untreatable) (7) Injured, unknown severity	
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Air Bag Deployed
(ED, NN)

Restrained?

— No
✓ Yes (NN)

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = 15
(ED)

Units of Blood
Given

Units = ____

Arterial Blood Gases

pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

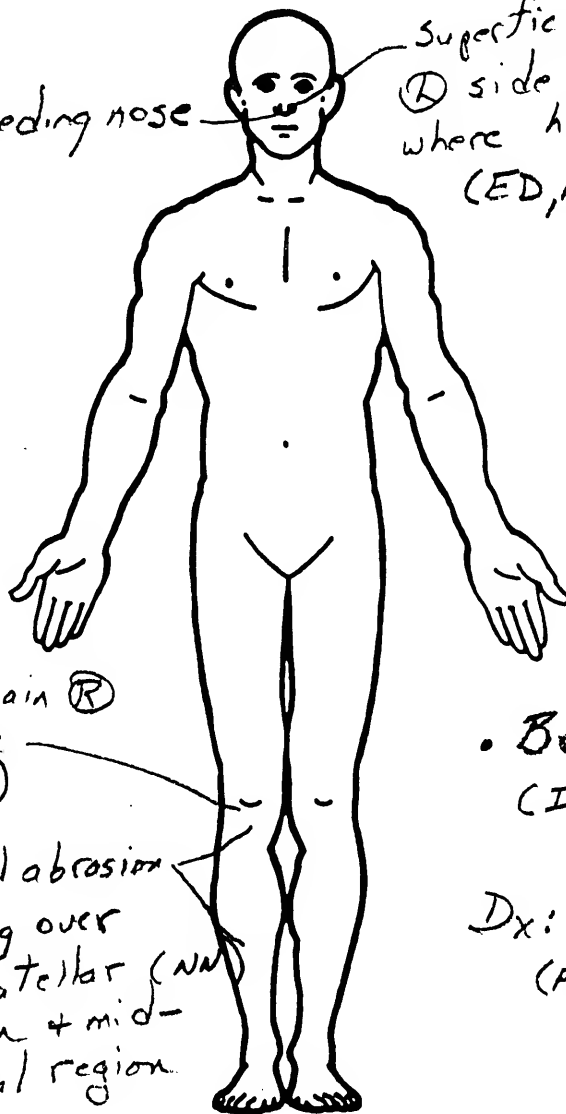
- Applied brakes but was unable to stop in time (ED)
- Hit rear of other vehicle @ ~ 50 m.p.h. (ED, NN)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Hit head on air bag
(NN)

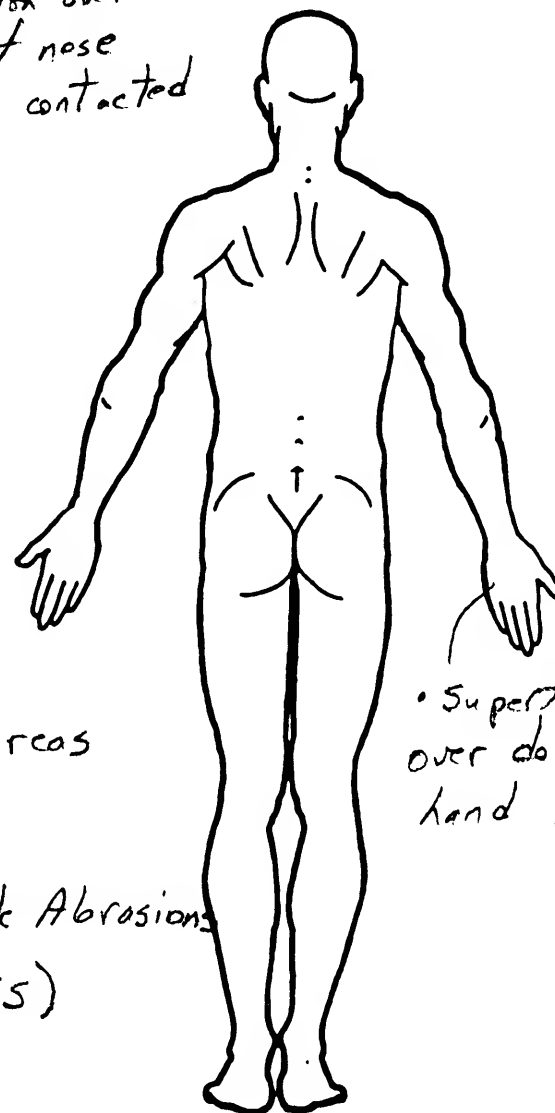
• Bleeding nose
(NN)

• Superficial abrasion over
① side bridge of nose
where his glasses contacted
(ED, NN)



• Bruised areas
(IS)

Dx: Multiple Abrasions
(FS, ED, IS)

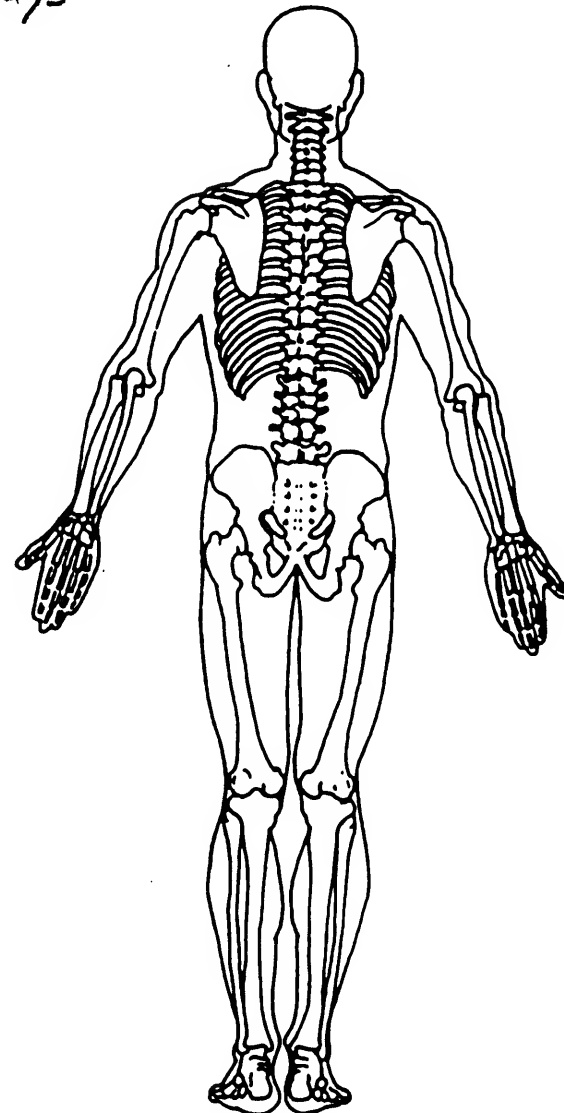
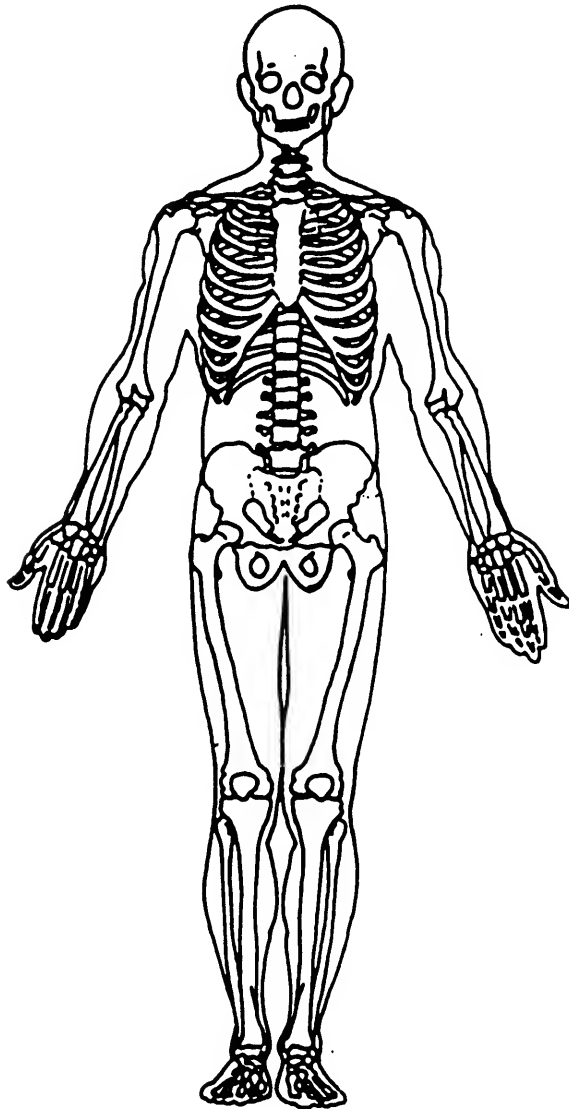


• Superficial abrasion
over dorsum ①
hand (ED)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

No X-rays
(IS)



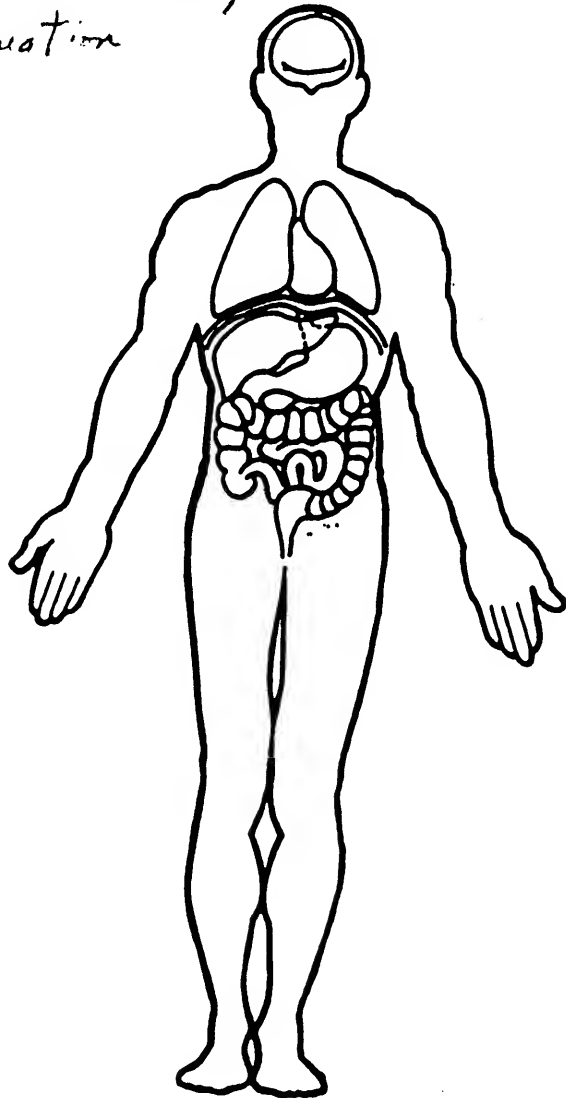
INJURY SOURCES

FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	EXTERIOR of OCCUPANT'S VEHICLE
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(451) Hood
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify) _____	(452) Outside hardware (e.g., outside mirror, antenna)
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify) _____	(453) Other exterior surface or tires (specify): _____
(010) Left instrument panel and below	INTERIOR		(454) Unknown exterior objects
(011) Center instrument panel and below			EXTERIOR OF OTHER MOTOR VEHICLE
(012) Right instrument panel and below			
(013) Glove compartment door			
(014) Knee bolster	(151) Seat, back support	(201) Front header	(501) Front bumper
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(152) Belt restraint webbing/buckle	(202) Rear header	(502) Hood edge
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(153) Belt restraint B-pillar or door frame attachment point	(203) Roof left side rail	(503) Other front of vehicle (specify): _____
(017) Windshield reinforced by exterior object (specify) _____	(154) Other restraint system component (specify): _____	(204) Roof right side rail	(504) Hood
(019) Other front object (specify): _____	(155) Head restraint system	(205) Roof or convertible top	(505) Hood ornament
LEFT SIDE	(160) Other occupants (specify): _____	ROOF	(506) Windshield, roof rail, A-pillar
	(161) Interior loose objects		(507) Side surface
	(162) Child safety seat (specify): _____		(508) Side mirrors
	(163) Other interior object (specify): _____		(509) Other side protrusions (specify): _____
	AIR BAG		(510) Rear surface
			(511) Undercarriage
			(512) Tires and wheels
			(513) Other exterior of other motor vehicle (specify): _____
(051) Left side interior surface, excluding hardware or armrests	(170) Air bag-driver side	(251) Floor (including toe pan)	(514) Unknown exterior of other motor vehicle
(052) Left side hardware or armrest	(171) Air bag-driver side and eyewear	(252) Floor or console mounted transmission lever, including console	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(053) Left A (A1/A2)-pillar	(172) Air bag-driver side and jewelry	(253) Parking brake handle	
(054) Left B-pillar	(173) Air bag-driver side and object held	(254) Foot controls including parking brake	
(055) Other left pillar (specify): _____	(174) Air bag-driver side and object in mouth	REAR	
(056) Left side window glass	(175) Air bag compartment cover-driver side	(301) Backlight (rear window)	
(057) Left side window frame	(176) Air bag compartment cover-driver side and eyewear	(302) Backlight storage rack, door, etc.	
(058) Left side window sill	(177) Air bag compartment cover-driver side and jewelry	(303) Other rear object (specify): _____	
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(178) Air bag compartment cover-driver side and object held	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	
(060) Other left side object (specify): _____	(179) Air bag compartment cover-driver side and object in mouth	(401) Hand controls for braking/acceleration	NONCONTACT INJURY
RIGHT SIDE	(180) Air bag-passenger side	(402) Steering control devices (attached to OEM steering wheel)	(601) Fire in vehicle
	(181) Air bag-passenger side and eyewear	(403) Steering knob attached to steering wheel	(602) Flying glass
	(182) Air bag-passenger side and jewelry	(405) Replacement steering wheel (i.e., reduced diameter)	(603) Other noncontact injury source (specify): _____
		(406) Joy stick steering controls	(604) Air bag exhaust gases
(101) Right side interior surface, excluding hardware or armrests		(407) Wheelchair tie-downs	(697) Injured, unknown source
		(408) Modification to seat belts, (specify): _____	
		(409) Additional or relocated switches, (specify): _____	
		(410) Raised roof	

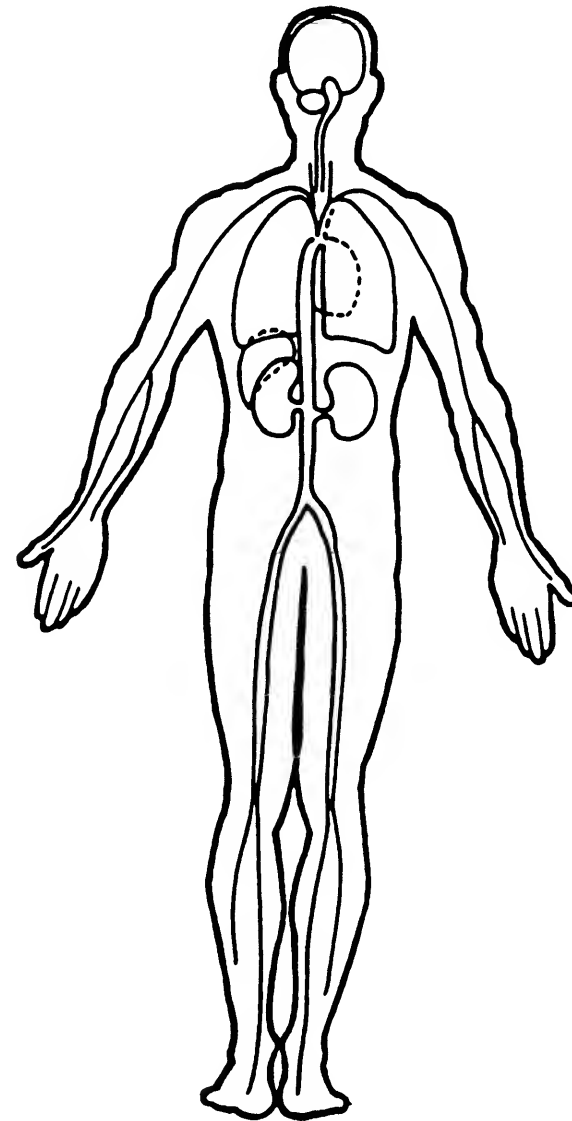
OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Self extrication ambulatory at scene & ambulatory for this evaluation (ED)



- Awake, alert, oriented x3 (ED, NN)



CAUSE OF DEATH

ICD-9-CM

914.0 Abrasion/friction burn of hand(s), no infection
 916.0 Abrasion/friction burn of hip, thigh, leg, and
 ankle, no infection

(F5)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

ED Emergency Department Record
 IS General Instruction sheet

OUTPATIENT/
EMERGENCY
RECORD

Pennsylvania

P A T I E N T	PATIENT NAME/ADDRESS		PHONE/SS NO./COUNTY		PAT ACCT NO.		ADM DATE		TIME		MEDICAL RECORD NO.	
							96		13:12			
	ACCOM CODE ROOM/BED		FC PT TYPE		SMKR		PUB		MOA		HISTORY NO	
	/		A E		N				2			
	DISCHARGE DATE		TIME		PREV DISCH DATE		READMIT		ADM CLERK			
	96		13:12		96		N					
	PAT SVC		ADM CL		ACCIDENT DATE		TIME		CODE			
	EMR		EMERGENCY		96		:00		1			
ADMIT CODE/DIAGNOSIS												
MVA												
ADMITTING PHYSICIAN CODE/NAME												
ATTENDING PHYSICIAN CODE/NAME												
NOTIFY IN CASE OF EMERGENCY		PHONE		NEXT OF KIN				PHONE/OCCUPATION				
PATIENT PREV LAST NAME												

AUTHORIZATION TO RELEASE INFORMATION: I AUTHORIZE AND ANY ASSOCIATED PHYSICIAN TO RELEASE ANY INFORMATION REQUESTED

SIGNED PATIENT (PARENT, IF MINOR) DATE 19

ASSIGNMENT OF INSURANCE BENEFITS: I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE NAMED HOSPITAL AND/OR ASSOCIATED PHYSICIANS OF THE GROUP HOSPITAL AND/OR MEDICAL BENEFITS HEREIN SPECIFIED AND OTHERWISE PAYABLE TO ME BUT NOT EXCEED THE HOSPITAL'S AND /OR PHYSICIAN'S REGULAR CHARGES FOR THIS PERIOD OF HOSPITALIZATION AND/OR SERVICES. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR THE CHARGES NOT COVERED BY THIS ASSIGNMENT.

SIGNED INSURED PARTY DATE 19

SPECIAL MEDICARE ASSIGNMENT: I CERTIFY THAT THE INFORMATION GIVEN BY ME IN APPLYING FOR PAYMENT UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT IS CORRECT. I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION OR ITS INTERMEDIARIES OR CARRIERS ANY INFORMATION NEEDED FOR THIS OR A RELATED MEDICARE CLAIM. I REQUEST THAT PAYMENT OF AUTHORIZED BENEFITS BE MADE IN MY BEHALF. I ASSIGN THE BENEFITS PAYABLE FOR PHYSICIAN SERVICES TO THE PHYSICIAN OR ORGANIZATION FURNISHING THE SERVICES OR AUTHORIZE SUCH PHYSICIAN OR ORGANIZATION TO SUBMIT A CLAIM TO MEDICARE FOR PAYMENT TO ME.

SIGNED INSURED MEDICARE PARTY DATE 19

G U A R A N T E E	NAME/ADDRESS		PHONE/GUARANTOR NO.		EMPLOYER NAME/ADDRESS		PHONE/OCCUPATION	
	ON							
	INSURED'S NAME/PLAN ADDRESS		POLICY NO./RELATIONSHIP/PLAN		GROUP NAME/ADDRESS		GROUP NO	
							COB 1	
I N S U R A N C E	INSURED'S NAME/PLAN ADDRESS		POLICY NO./RELATIONSHIP/PLAN		GROUP NAME/ADDRESS		GROUP NO	
							COB 0	
	INSURED'S NAME/PLAN ADDRESS		POLICY NO./RELATIONSHIP/PLAN		GROUP NAME/ADDRESS		GROUP NO	
							COB 0	
COMPLAINT						ALLERGIES		
						NKA		
REFERRING DR.		FAMILY DR.						
SELF		NU FAM DR						

20 75 Y 96

MEDICAL RECORDS

OUTPATIENT/
EMERGENCY
RECORD

Pennsylvania

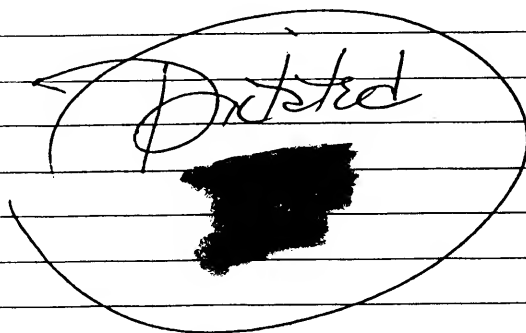
PAT ACCT NO	ADM DATE	TIME	PAT SVC	ADM CL	FC	PT TYPE	SMKR	MOA	MEDICAL RECORD NO
	96	13:12	EMR	EMERGENCY	A	E	N	2	
PATIENT NAME/ADDRESS	PHONE/COUNTY	AGE	CD	BIRTHDATE	SEX	RACE	MS	RELIGION	
		75	Y		M	W	M	U	
ADMITTING PHYSICIAN CODE/NAME	ACCIDENT DATE	TIME	CODE	ATTENDING PHYSICIAN CODE/NAME					
		/96	:00	1					
ADMIT CODE/DIAGNOSIS	ALLERGIES								
MVA	NKA								

YSICIAN	CONDITION ON ARRIVAL:	<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	TIME SEEN:	1540	<input type="checkbox"/> AM	<input type="checkbox"/> PM
		<input type="checkbox"/> CRITICAL	<input type="checkbox"/> COMA					

MEDICATIONS AND TREATMENTS		LAB		X-RAY / EKG	
TIME	ORDER	TIME	TEST	TIME	TEST
	Abrasions Cleared		CBC		CHEST
			UA		SHOULDER
			ABG		ABD
			LYTES		SKULL
			BUN		SPINE
			GLUCOSE		FOOT
			PT/PTT		ANKLE
			CPK		KNEE
			LDH		
					EKG
					MONITOR

SUBJECTIVE (Hx)

SUBJECTIVE (Px)



INITIAL VITAL SIGNS	
TIME	1430
B/P	162/44
TEMP.	98.1
PULSE	93
RESP	20
ICD/CPT PROC. CODE	
916.0	
914.0	
E812.0	

TREATMENT

ASSESSMENT (Dx)	DISCHARGE DISPOSITION
MultIPLE Trauma	<input type="checkbox"/> HOME <input type="checkbox"/> AMA <input type="checkbox"/> LWBS <input type="checkbox"/> POLICE
VA - MULT Abrasions	<input type="checkbox"/> ADMIT TO <input type="checkbox"/> CORONER
TIME OF DISCHARGE:	<input type="checkbox"/> TRANSFER TO <input type="checkbox"/> DOA <input type="checkbox"/> STABLE <input type="checkbox"/> IMPROVED
1530	

**OUTPATIENT
EMERGENCY DEPARTMENT
RECORD**

NAME: [REDACTED]

MED. REC. NUMBER: [REDACTED]

ADMISSION DATE: [REDACTED] **TIME:** 1540

DISCHARGE DATE: [REDACTED]/96 **TIME:** 1550

EMERGENCY DEPT. PHYSICIAN: [REDACTED]

FAMILY PHYSICIAN: None

ADMITTING PHYSICIAN:

HISTORY: This 75 year old white male was the driver of a mini van involved in an motor vehicle accident. The traffic stopped in front of him due to road construction. The patient applied his brakes but was unable to stop in time and struck the rear of the next vehicle at approximately 50 miles per hour speed. There was air bag deployment. The patient was self extricated from the vehicle and was ambulatory at the scene. He presents ambulatory at this time for evaluation. He has no focal complaint.

Past medical history is negative.

Medications: Regular medications are denied.

Allergies are denied.

The patient notes a small abrasion on his right leg.

Vital signs at 14:30: Blood pressure 182/94, temperature 98.1, pulse 93, respirations 20.

PHYSICAL EXAM: The patient is awake, alert and oriented times three, comfortable and in no distress at the time of examination. Skin is warm and dry without pallor or diaphoresis. HEENT reveals a superficial abrasion over the left side of the bridge of the nose where his glasses contacted. Pupils are equally and symmetrically reactive to light. Extraocular muscles were intact. Tympanic membranes and pharynx are unremarkable. No intraoral trauma is noted. Neck is supple and nontender to palpation. The trachea is midline without subcutaneous air. The chest wall is nontender to

**OUTPATIENT
EMERGENCY DEPARTMENT
RECORD**

ORIGINAL

palpation. Heart is regular at 90 per minute, without murmurs or ectopy. Lungs are clear to auscultation in all fields bilaterally with symmetrical breath sounds. The abdomen is soft and nontender to palpation without guarding, rebound or rigidity. The pelvis is stable and nontender to compression. Extremities: A superficial abrasion is noted over the dorsum of the right hand. Two superficial abrasions are noted over the prepatellar region and the mid tibial region of the right lower extremity. Range of motion and neurovascular status is intact. No gross deformity is appreciated.

TREATMENT:

1. Physical examination.
2. Osteopathic manipulative therapy not indicated.
3. Patient is instructed to follow up with his family physician.
4. He is to use ice to the areas as well as Tylenol as needed for pain.

ASSESSMENT: Motor vehicle accident - multiple abrasions.

DISCHARGE DISPOSITION: The patient is discharged to home in stable condition at 1550.

DD:

DT:

†

CC:

EMERGENCY DEPARTMENT NURSING ASSESSMENT

DATA SOURCE (INFORMANT)

NAME

CHIEF COMPLAINT

ER #

TIME 1620

DATE

ONSET: today

MODE OF ARRIVAL

☒ AMBULATORY ☐ CARRIED
☐ WHEELCHAIR ☐ STRETCHER

TRIAGE TREATMENT

LAB:

X-RAY:

TRIAGE NURSE
SIGNATURE:

ALLERGIES

NKDA

BASIC TETANUS SERIES ☐ YES ☐ NO
DATE OF LAST TET TOX unknown

TIME	T	P	R	BP
1430	98	93	20	162/44
1800		92	20	180/90
VISUAL ACUITY	R			L

TIME TO TREATMENT

1530

AREA:

BED 2 A

HT

WT

LMP

RESPIRATORY

AIRWAY: ☒ PATIENT ☐ OBSTRUCTEDBREATHING: ☒ PRESENT ☐ ABSENTBREATHSOUNDS: ☒

PATTERN: reg / unlabored

CARDIOVASCULAR

SKIN: TEMP warm COLOR red

HYDRATION

PULSES: APICAL

RADIAL R + 1 + 2 + 3 + 4 L + 1 + 2 + 3 + 4

FEMORAL R + 1 + 2 + 3 + 4 L + 1 + 2 + 3 + 4

PEDAL R + 1 + 2 + 3 + 4 L + 1 + 2 + 3 + 4

CODE FOR PULSES

+ 1 DETECTED DOPPLER + 3 NORMAL
+ 2 WEAK + 4 BOUNDING

LOSS OF CONSCIOUSNESS

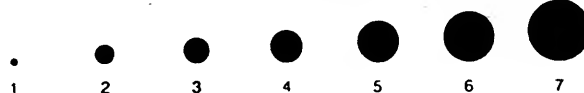
NO ☐ YES DURATION

NEUROLOGICAL

LEVELS OF CONSCIOUSNESS: ☒ ALERT ☐ LETHARGIC☐ OBTUNDED ☐ STUPOR ☐ COMA

PUPILS

SIZE IN mm



R SIZE 2

REACTION brisk

L SIZE 2

REACTION brisk

ORIENTATION

TIME PLACE PERSON

SENSATION ☐ PRESENT ☐ ABSENT☐ DECREASED

MOTOR FUNCTION

☒ PRESENT hand grasp strong☐ DECREASED ant 5 difficulty☐ ABSENTSPEECH: ☒ PRESENT ☐ ABSENT☐ ABNORMALSEIZURE ACTIVITY: ☐ NO ☐ YES

DESCRIBE:

BEHAVIOR/EMOTIONAL STATE

Calm, NAD

MEDICATIONS

(ROUTINE) Dexamethasone

MEDICAL HISTORY

☒ NO CHRONIC ILLNESS ☐ DIABETES ☐ SEIZURES☐ HYPERTENSION ☐ HEART ☐ OTHERPAIN ☒ YES ☐ NO

LOCATION rt knee

DESCRIPTION laceration

☒ MINIMAL ☐ MODERATE ☐ SEVERE☐ INTERMITTENT ☐ CONSTANT☐ RADIATES TO:☐ RELIEVED BY:☐ INCREASED BY:☐ ASSOCIATED SYMPTOMSDISCHARGE ☐ YES ☒ NO☐ VAGINAL☐ URETHRAL☐ OTHERBLEEDING ☒ YES ☐ NO

LOCATION nose

DURATION

COLOR

NURSES NOTES:

1630 - pt Remains alert, oriented, V

MODE & DISMISSAL

NURSES

SIGNATURE:

REQUIRES DOCUMENTATION

ER CONT FORM

CODE BLUE RECORD

DEPARTMENT OF
EMERGENCY MEDICINE

GENERAL
INSTRUCTION SHEET

NOTE: The examination and treatment you have received in the Emergency Department have been provided on an emergency basis only, and are not intended to provide complete medical care. You are urged to follow carefully the instructions given on this sheet. If your symptoms worsen or if you develop new problems or complications, contact your personal physician or return to the Emergency Department.

Follow instructions marked (✓)

SPONGE FOR TEMPERATURE TECHNIQUE:

☐ For temperatures above 102° place child in tub of lukewarm water for 20 minutes. Pour the water over the child. The child may begin to chill, this is a normal response. After 20 minutes recheck child's temperature. It should be reduced. If not contact your physician.

SPECIFIC INSTRUCTIONS:

☐

☐

☐

☐

✓ Apply ice packs 4 to 5 times/day for 15 minutes, for 2 days. No Bruised Areas

☐ After _____ days, apply warm compresses or heating pad 4 to 5 times/day for _____ minutes.

DIET RESTRICTIONS:

☐ Clear liquids (water, tea, gatorade, jello, soda) for _____ hrs. then slowly increase diet as tolerated.

☐ Other:

MEDICATIONS: ☐ Be sure to finish *all* medication prescribed.

☐ The medication _____ may cause drowsiness therefore, you should not drive or use machinery.

✓ Take the following medication ibuprofen 200mg every 6 hours As Needed days for Pain.

☐ Take the following medication _____ every _____ hours for _____ days for _____.

☐ Take the following medication _____ every _____ hours for _____ days for _____.

☐ Take Aspirin or Tylenol for temperature/pain every four hours as needed.

X-RAY:

IMPORTANT NOTICE

☐ Your x-ray has been interpreted by the Emergency Physician. Your x-ray will be reread by a radiologist in 24 hours. If this interpretation differs from what you have been told, you will be notified.

FOLLOW-UP CARE INSTRUCTIONS:

✓ Call the office of Dr. Emily Dr or your family doctor to arrange for an appointment to be seen in 3-5 days for follow-up care. Tell the office receptionist that you were initially treated in the Emergency Department.

☐ You were given a business card of the specialist.

PHYSICIAN OFFICE PHONE

IF YOU HAVE ANY QUESTIONS OR PROBLEMS PLEASE CALL OR RETURN TO THE EMERGENCY DEPARTMENT 24 HOURS

ACTIVITY AND/OR RESTRICTIONS

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Resume Normal Activity | <input type="checkbox"/> Rest |
| <input type="checkbox"/> May Work | <input type="checkbox"/> Light Work |
| <input type="checkbox"/> No Gym or Sports | <input type="checkbox"/> No Work |
| <input type="checkbox"/> No Weight Bearing | <input type="checkbox"/> No School |
| <input type="checkbox"/> Light Weight Bearing | |

✓ If you have an injury or illness that is work related, it is your duty to comply with your company's policy for work-related injuries. In most cases, you need to contact your plant supervisor, plant physician or plant nurse within twenty-four (24) hours of your injury or illness to see if you can work or not. This should be done whether or not you have been given duty or work restrictions at this hospital.

Restrictions _____

Diagnosis TVA - Mult Abrasions

From _____ thru _____ Total Days _____

Physician _____

Date 1/26

Instructions given by: _____

I have received and do understand the above instructions.

Patient/Relative [Signature]

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9608

3. Vehicle Number

01

4. Occupant Number

02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

98

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

160

Code actual height to the nearest
centimeter.

(999) Unknown

63 inches X 2.54 = 160 centimeters

8. Occupant's Weight

047

Code actual weight to the nearest
kilogram.

(999) Unknown

103 pounds X .4536 = 46.72 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

4

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 2

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 4

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 7

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 1

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

(00) Not equipped/not available

____ Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 1

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify): _____

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 01

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps): 1 WIDE one
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 09
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
 (2) Adjustable Seat Track
 (3) Seat at forward most track position
 (4) Seat between forward most and middle track positions
 (5) Seat at middle track position
 (6) Seat between middle and rear most track positions
 (7) Seat at rear most track position
 (9) Unknown

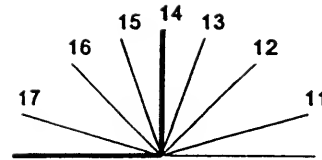
TRACK in Rear most
 position @ inspection
 most likely moved
 when PASS removed
 by EMS personnel.

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 2 3

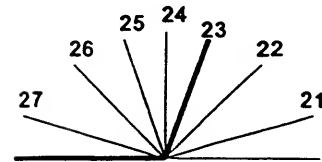
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

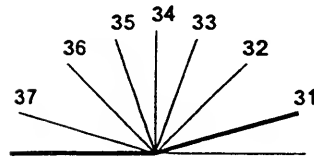
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 02

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 32

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0168. 2nd Medically Reported Cause of Death 0269. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 14

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9608</u>	4. Occupant Number	<u>02</u>

INJURY DATA														
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.														
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number				
Brain stem 1st herniation	5. <u>2</u>	6. <u>1</u>	7. <u>4</u>	8. <u>02</u>	9. <u>02</u>	10. <u>5</u>	11. <u>8</u>	12. <u>180</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>			
Subdural 2nd hematoma	16. <u>2</u>	17. <u>1</u>	18. <u>4</u>	19. <u>06</u>	20. <u>50</u>	21. <u>4</u>	22. <u>1</u>	23. <u>180</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>			
Contusion 3rd frontal lobe	27. <u>2</u>	28. <u>1</u>	29. <u>4</u>	30. <u>06</u>	31. <u>06</u>	32. <u>3</u>	33. <u>1</u>	34. <u>180</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>			
Edema 4th diffuse cerebrum	38. <u>2</u>	39. <u>1</u>	40. <u>4</u>	41. <u>06</u>	42. <u>70</u>	43. <u>3</u>	44. <u>1</u>	45. <u>180</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>			
Fx, open 5th ulna with nerve injury	49. <u>2</u>	50. <u>7</u>	51. <u>5</u>	52. <u>32</u>	53. <u>06</u>	54. <u>3</u>	55. <u>1</u>	56. <u>205</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>			
Fx, comminuted 6th radius	60. <u>2</u>	61. <u>7</u>	62. <u>5</u>	63. <u>28</u>	64. <u>04</u>	65. <u>3</u>	66. <u>1</u>	67. <u>205</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>			
Dislocation 7th wrist ulna carpal	71. <u>3</u>	72. <u>7</u>	73. <u>5</u>	74. <u>14</u>	75. <u>30</u>	76. <u>2</u>	77. <u>1</u>	78. <u>205</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>			
Injury to 8th ulnar artery	82. <u>2</u>	83. <u>7</u>	84. <u>2</u>	85. <u>10</u>	86. <u>99</u>	87. <u>1</u>	88. <u>1</u>	89. <u>205</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>			
Contusion 9th forehead	93. <u>2</u>	94. <u>2</u>	95. <u>9</u>	96. <u>04</u>	97. <u>02</u>	98. <u>1</u>	99. <u>7</u>	100. <u>180</u>	101. <u>1</u>	102. <u>1</u>	103. <u>00</u>			
Laceration 10th eyebrow	104. <u>3</u>	105. <u>2</u>	106. <u>9</u>	107. <u>06</u>	108. <u>02</u>	109. <u>1</u>	110. <u>7</u>	111. <u>181</u>	112. <u>1</u>	113. <u>1</u>	114. <u>00</u>			

I.S. - 90

[illegible]

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
	The exceptions to this rule apply to:		(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	
(3) Nerves	(06) Skin - Laceration	(2) Moderate Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(3) Serious Injury	
(5) Skeletal (includes joints)	(10) Amputation	(4) Severe Injury	
(6) Head - LOC	(20) Burn	(5) Critical Injury	
(9) Skin	(30) Crush	(6) Maximum (untreatable)	
	(40) Degloving	(7) Injured, unknown severity	
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Airbag Deployed

(ED, CN1, HP, CN3)
DS, CV

Restrained?

— No

✓ Yes

(ED, CN1, HP, DS)

Blood Alcohol Level
(mg/dl)

BAL = —

Glasgow Coma
Scale Score

15 GCSS = 14-15
(ED, HP) (CN2)

Units of Blood
Given

Units = 0
(OS)

Arterial Blood Gases

pH = —

PO₂ = —

PCO₂ = —

HCO₃ = —

• Belted front seat passenger
(ED, HP, DS, CV)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Laceration, 2-3 mm over
Ⓡ eye brow ridge
(ED)

Bruising Ⓡ forehead
(CN3)

Bruising below Ⓡ eye
(CN3, CV)

• c/o pain Ⓡ chest,
R/o myocardial
contusion (CN3)

• Ecchymosis with edema
lower lip, R
(ED, CN3)

• (+) Deformity
Ⓡ distal
forearm
(CN1)

• Contusions, multiple
oral labial (HP)

• 5cm laceration
of distal forearm,
volar aspect
(CN1, ED)

• 4cm laceration
(OS)

• Impacted another vehicle @ 50 m.p.h.
(ED, CN1, HP)

• c/o neck pain
(CN1)

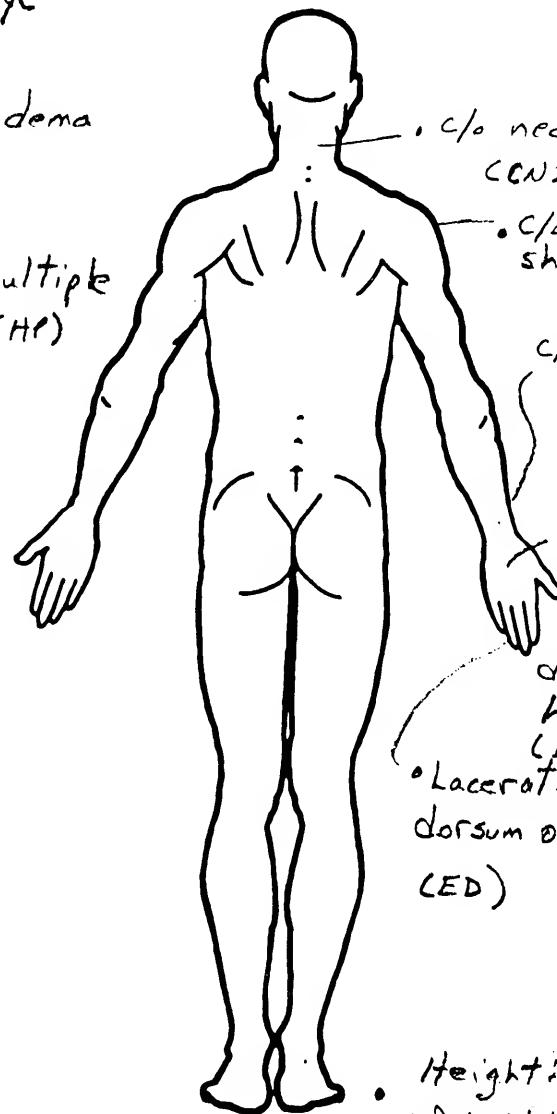
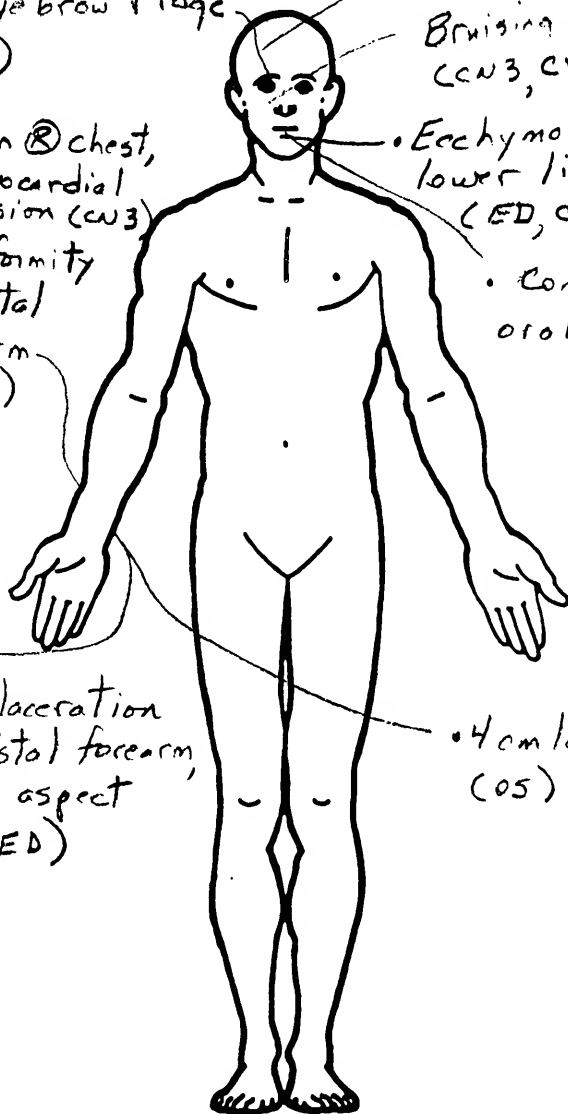
• c/o pain Ⓡ
shoulder (CN3)

c/o Ⓡ arm pain
(CN1, CN3)

• Ecchymosis
and edema
extending
down to Ⓡ
hand
(ED)

• Laceration over
dorsum of fingers
(ED)

• Height: 5'4"
Weight: 126 lbs
(CN3)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• No Battles or racoon sign noted (ED)

• CT Scan Head: frontal contusion + (R) subdural hematoma (DS)

• Segmental radial Fx that will need further surgery in the future (OS)

• Severely comminuted distal radius Fx

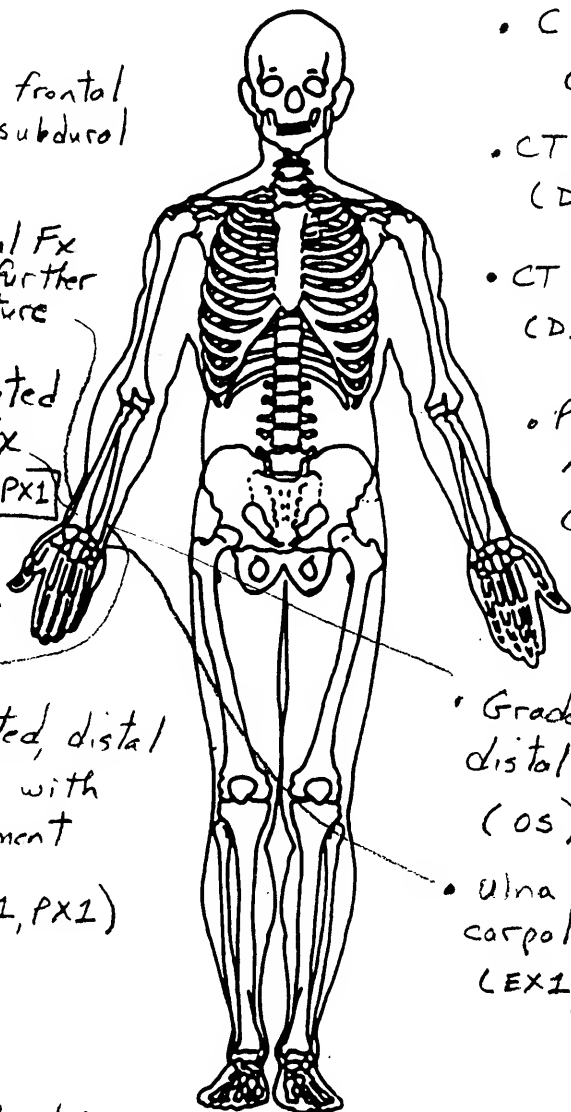
[CN1, CN3, DS, EX1, PX1, EX4]

• Marked impaction and foreshortening of distal radius (EX1)

• Open, comminuted, distal ulna fracture with radial displacement

(CN1, CN3, DS, EX1, PX1)

Estimated blood loss: None (OS)



• Chest X-ray: Negative (ED, DS, EX1)

• CT Scan Abdomen: Benign (DS, EX3)

• CT Scan Pelvis: Benign (DS, EX3)

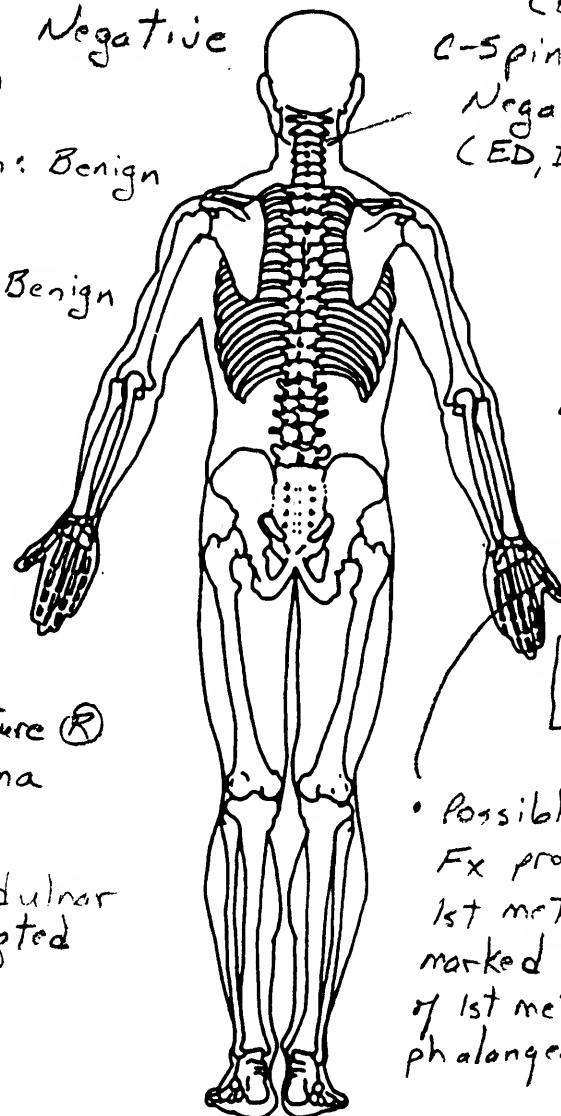
• Pelvis X-ray: Negative (DS, EX4)

• Grade 3 open fracture (R) distal radius + ulna (OS)

• ulna displaced and ulnar carpal joint disrupted (EX1, EX4)

• CT Scan C₁+C₂: Negative (EX3)

C-spine X-rays: Negative (ED, DS, EX1, EX4)



• Open Fx (R) distal forearm with displacement

[ER, ED, CN3, DS]

• Possible avulsion Fx proximal, lateral 1st metacarpal + marked degeneration of 1st metacarpal phalangeal joint (EX4)

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

• Not oriented to person place, or time however this appears to be baseline for this individual according to her husband (ED, DS)

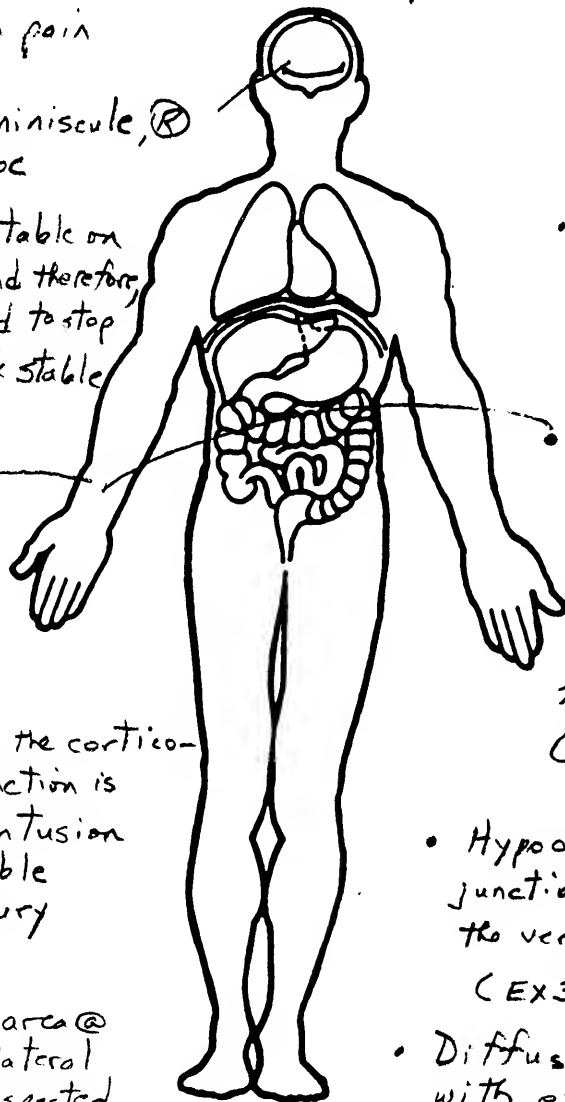
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Awake, alert attentive and in extreme distress secondary to (R) arm pain

(ED, DS)

• Contusion miniscule, (R) frontal lobe (CN2)

• Pt was unstable on OR table and therefore, it was decided to stop procedure. Fx stable (OS)



• The change @ the cortico-medullary junction is probable contusion with a possible shearing injury (PX2)

• Hyperdense area @ posterior (L) lateral ventricle suspected to be hemorrhage (PX)

• No LOC

(CN1, CN3, DS)

• Pt unable to recall any event of accident (ED, DS)

• Severe CHI (CN2)

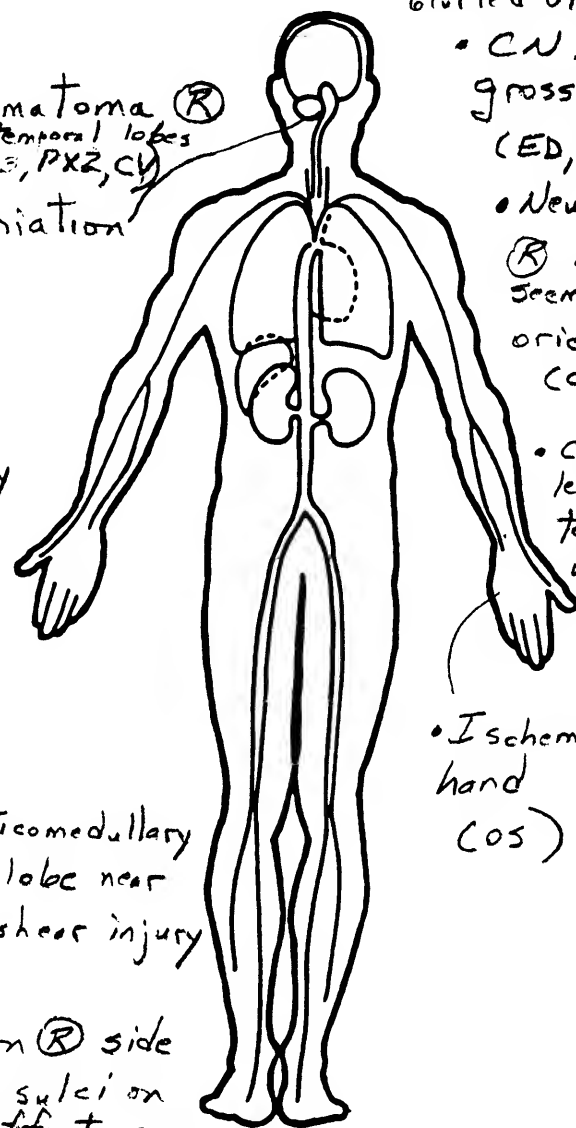
• Subdural hematoma (R) frontal, parietal, temporal lobes (CN2, CN3, DS, EX3, PX2, CH)

• Brain stem herniation (DS)

• Fasciotomy (R) arm; ulnar artery and nerve were found to be tented over the forearm fascia (OS)

• Hypodensity at the corticomedullary junction on (R) frontal lobe near the vertex which is a shear injury (EX3)

• Diffuse brain edema on (R) side with effacement of the sulci on the (R) with minimal mass effect, asymmetry of ventricular system (EX3, PX2)



• Denied dizziness or blurred vision (DS)

• CN II-XII grossly intact (ED, HP)

• Neurologically (R) SDH but seems alert + oriented (CN3)

• change @ the level of the tentorium, unknown origin (PX2)

• Ischemic (R) hand (OS)

CAUSE OF DEATH

- Brainstem herniation due to an enlargement of this (Ⓢ subdural) hematoma (DS)
- Subdural hematoma complicated by hypertension (CV)

ICD-9-CM

348.4 Compression (herniation) of brain stem
 813.54 Open fracture distal radius and ulna
 852.20 Subdural hemorrhage, no open wound, site not specified
 903.3 Injury ulnar blood vessels
 955.2 Injury to ulnar nerve (DR)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

DR Discharge Record (Status Sheet) ED Emergency Department Record

MEDICAL RECORDS
FROM
INITIAL TREATMENT FACILITY

DISCHARGE STATUS SHEET

DISCHARGE DATE: 1/96

- ☐ ALIVE
☒ EXPIRED
☒ ICU DAYS

Principal diagnosis responsible for admission

S/P MVA

Subdural Hematoma

Open comminuted Fx (R) wrist

Multiple contusions

CODE

852 20

813 54

348 4

889 1

903 3

955 2

SOMATIC DYSFUNCTION: THORACIC CERVICAL LUMBAR

(NONE) OTHER

COMPLICATIONS

CODE

PROCEDURES

I+D, Exploration, External Fixation (R) wrist

Principal procedure

(~~External Fixation~~)

3/18

CODE

79 62

38 08

04 04

83 14

79 02

DISCHARGE PROGRAM (INSTRUCTIONS, MEDICATIONS, DIET)

discharged to morgue

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

Signed _____
Attending Physician

Signed _____
Attending Physician

Date 1/96

SUMMARY DICTATED ☒

OUTPATIENT/
EMERGENCY
RECORD

Pennsylvania

PAT ACCT NO.	ADM DATE	TIME	PAT SVC	ADM CL	FC	PT TYPE	SMKR	MOA	MEDICAL RECORD NO.
	96	13:05	EMR	EMERGENCY	A	E	N	1	
PATIENT NAME/ADDRESS		PHONE/COUNTY		AGE	CD	BIRTHDATE	SEX	RACE	MS
				98	Y	97	F	W	M
ADMITTING PHYSICIAN CODE/NAME		ATTENDING PHYSICIAN CODE/NAME		ACCIDENT DATE		TIME	CODE		
						00			
ADMIT CODE/DIAGNOSIS		ALLERGIES							
MVA									

YSICIAN	CONDITION ON ARRIVAL:	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	TIME SEEN:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
		<input type="checkbox"/> CRITICAL	<input type="checkbox"/> COMA		1305		

MEDICATIONS AND TREATMENTS		LAB		X-RAY/EKG	
TIME	ORDERS	TIME	RESULTS		
1400	IV #1 1000a NSS	125	CC	<input checked="" type="checkbox"/> CBC 1255	<input checked="" type="checkbox"/> CHEST 1255
1400	IV #2 heparin	1400	a	<input checked="" type="checkbox"/> UA done	<input checked="" type="checkbox"/> ABD 1255
1400	O2 6L N/C	1250	CC	<input type="checkbox"/> ABG	<input type="checkbox"/> ELBOW
1400	Foley 18Fr. clear-hematuria - Nonhem	1400	CC	<input type="checkbox"/> LYTES	<input type="checkbox"/> WRIST
1400	NG tube	1400	CC	<input type="checkbox"/> BUN	<input checked="" type="checkbox"/> SPINE (port) 1255
1400	100ml split to open fx (A) arm	1400	CC	<input type="checkbox"/> GLUCOSE	<input checked="" type="checkbox"/> HAND (R) 1255
1400	C spine prec initiated + maintained on amide	1400	CC	<input checked="" type="checkbox"/> T+C 4u	<input checked="" type="checkbox"/> FOOT done 1255
1400	Mastograft in 800e in thigh	1400	CC	<input type="checkbox"/> CPK	<input type="checkbox"/> ANKLE
1400	MS 2mg IV	1503	CC	<input type="checkbox"/> LDH	<input type="checkbox"/> KNEE
1400	Uap sulfate 2gm over 5min	1500	CC		<input checked="" type="checkbox"/> EKG done 1400

BJEJECTIVE (Hx) 10/4/94 1510 Ce pelvis, 1" ntg paste 145 Ce TO CT

BJEJECTIVE (Px)	INITIAL VITALS
<p>Dictated</p>	TIME 1312
	B/P 189/117
	TEMP. 101.0
	PULSE 77
	RESP 16
	ICD Dx CODE
	ICD/CPT PROC. CODE
TREATMENT	

ASSESSMENT (Dx) Multiple Trauma	DISCHARGE DISPOSITION
	<input type="checkbox"/> HOME <input type="checkbox"/> AMA <input type="checkbox"/> LWBS <input type="checkbox"/> POLICE
	<input type="checkbox"/> ADMIT TO <input type="checkbox"/> CORONER
	<input type="checkbox"/> TRANSFER TO 1430 By
TIME OF DISCHARGE: 1900 <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> DOA <input type="checkbox"/> STABLE <input type="checkbox"/> IMPROVED

ER

**OUTPATIENT
EMERGENCY DEPARTMENT
RECORD**

NAME: [REDACTED]

MED. REC. NUMBER: [REDACTED]

ADMISSION DATE: [REDACTED] **TIME:** [REDACTED]

DISCHARGE DATE: [REDACTED] **ADMITTED TIME:** [REDACTED]

EMERGENCY DEPT. PHYSICIAN: [REDACTED]

FAMILY PHYSICIAN: [REDACTED]

ADMITTING PHYSICIAN: [REDACTED]

HISTORY: This 98 year old white female was transported by Basic Life Support to the Emergency Department following involvement in a motor vehicle accident. The patient was the belted front seat passenger in a mini van that struck the rear end of another vehicle at approximately at 50 mile an hour speed. There was air bag deployment. The patient was extricated at the scene by Basic Life Support and transported to the Emergency Department without cervical spine immobilization. On arrival the patient is unable to recall any event of the accident. She is not oriented to person, place or time however, this appears to be baseline for this individual, according to her husband.

Past medical history is positive for myocardial infarction and dementia.

Past surgical history: Appendectomy, bilateral cataract, herniorrhaphy and cholecystectomy.

Medications: Ditropan and Isordil, Lorazepam and Ibuprofen.

Allergies: Sulfa.

Tetanus is unknown.

Vital signs on arrival at 1312: Blood pressure 189/117, pulse 77, respirations 16.

PHYSICAL EXAM: The patient is awake, alert, attentive and in extreme distress secondary to right arm pain. Pupils are 2

**OUTPATIENT
EMERGENCY DEPARTMENT
RECORD**

ORIGINAL

millimeters and symmetrically reacting to light. Extraocular muscles were intact. Tympanic membranes are without hemotympanum. There is a 2 to 3 millimeter superficial laceration over the right brow ridge. No battles or raccoon sign is noted. No otorrhea or rhinorrhea is appreciated. There is some ecchymosis and edema of the lower lip. No intraoral trauma is appreciated. The airway is patent without stridor. Following cervical spine X-rays, the cervical collar was removed and the neck was examined revealing no paraspinal or midline cervical tenderness. Trachea is midline without subcutaneous air. Chest reveals some bilateral palpatory tenderness in the upper anterior chest wall. Heart is regular at 80 per minute without murmurs or ectopy. The lungs are clear to auscultation in all fields bilaterally with symmetrical breath sounds. The abdomen is soft and nontender to palpation without guarding, rebound or rigidity. No costovertebral angle tenderness is noted. The pelvis is stable and nontender to compression. The lower extremities are grossly atraumatic. Examination of the upper extremities reveals an opened, displaced fracture of the right distal forearm with the wound over the volar aspect. There is ecchymosis and edema extending down to the right hand with some laceration over the dorsum of the fingers. Distal neurovascular status is essentially intact at the time of examination. Neurological examination reveals cranial nerves II-XII to be grossly intact. No gross sensory or motor deficits are appreciated.

TREATMENT:

1. Physical examination.
2. Osteopathic manipulative therapy not indicated.
3. [REDACTED] was contacted immediately for trauma management for [REDACTED]
4. An intravenous of normal saline was initiated, 1000 cc.
5. A second intravenous Hep-Lock was initiated.
6. The patient was maintained on oxygen six liter nasal cannula.
7. Initial laboratory evaluation included CBC, PT, PTT, Chem 7, type and cross for four units and urinalysis.
8. Upright chest X-ray was obtained and interpreted by Radiology as no acute pathology or mediastinal enlargement.

9. Cross table cervical spine X-rays were obtained and interpreted by Radiology as no fracture or dislocation.
10. A portable X-ray of the right wrist was obtained revealing a comminuted displaced two bone, distal forearm fracture.
11. [REDACTED] was contacted and present in the Emergency Department to evaluate this patient for [REDACTED]
12. Further observation, treatment and evaluation was done by [REDACTED]

ASSESSMENT: Multiple trauma.

DISCHARGE DISPOSITION: The patient is admitted to Intensive Care Unit under [REDACTED] care.

DD: [REDACTED]/96

DT: [REDACTED]/96

#

CC: [REDACTED]

ORIGINAL

OUTPATIENT
EMERGENCY DEPARTMENT
RECORD

[REDACTED]

[REDACTED] 93 Y [REDACTED]

[REDACTED]
[REDACTED] Pennsylvania [REDACTED]
[REDACTED]

CONSULTATION REQUEST AND REPORT

TO CONSULTING: [REDACTED]

☐ Consultation ☒ Consult & Manage

REASON FOR CONSULTATION: *Open Fr @ distal Radius/Ulna*

FROM ATTENDING: [REDACTED]

Date _____ Time _____

Patient Authorization

I consent to the consultation by

Dr. _____

Notification of Physician

- ☐ Spoke to Dr. Directly
☐ Left message with answering service
☐ Left message with office staff or home

Patient Signature _____

Date _____

Time _____

Name-Notified by _____

Date _____

Time _____

98 y/o wt was restrained passenger in MVA that hit standstill traffic at 50 m.p.h. Airbag deployed. Pt. vehicle was a minivan. Pt. had no LOC. minimal damage to pt's car. Pt. brought to E.R. via ambulance. c/o @ arm pain and neck pain. Pt. denies numbness and tingling.

x-rays: *distal*
Open Fr @ distal radius & ulna.
Severely comminuted distal radius 30° volar angulation
Distal ulna Fr 2 30° volar angulation and radial displacement
Deformity

Exam: @ deformity @ distal forearm
5 cm laceration of distal forearm ulnar aspect i ulna visualized at wound. Neurovascularly intact, capillary refill < 3 seconds, pulse ox RIF 99% palpable radial pulse

Impression: i Open comminuted distal Ulna Fr
i comminuted distal Radius Fr Your Dxs

Plan: 1) wound cleaned in ER. 2) Splint applied i Neurovascular vs.
3) o.r. for IDV and Fr Fr i cleared for surgery.
4) Analg and Benztamine

SIGNATURE OF CONSULTANT
000072

DATE

TIME

CN1

REPORT OF OPERATION

NAME: [REDACTED]

MED. REC. NUMBER: [REDACTED]

DATE: [REDACTED] 196

PREOPERATIVE DIAGNOSIS:

1. Grade 3 open fracture, right distal radius and ulna.
2. Ischemic right hand.

POSTOPERATIVE DIAGNOSIS:

1. Grade 3 open fracture, right distal radius and ulna.
2. Ischemic right hand.

SURGEON: [REDACTED]

ASSISTANT: [REDACTED]

OPERATION:

1. Irrigation and debridement right forearm.
2. Exploration ulnar artery and ulnar nerve.
3. Fasciotomy, right arm.
4. Closed reduction, application external fixateur, right wrist.

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: None.

COMPLICATIONS: None.

DRAINS: None.

INDICATION: 98 year old white female who was involved in a motor vehicle accident earlier today. She was found to have the above injuries. Over time her hand became ischemic. She presents for the above procedure.

All the risks, benefits, alternatives to surgery, no guarantees, suspected outcome, and rehabilitation were fully discussed and appropriate consent form was obtained.

OPERATIVE COURSE: The patient taken to Operating Room and placed on Operating Room Table for the above procedure. An axillary block was attempted but patient was ultimately placed under general anesthesia.

The patient's right upper extremity was prepped and draped in routine fashion. The patient was found to have ischemic right hand

REPORT OF OPERATION

ORIGINAL

PA

2

and no ulnar pulse. She did have a grade 3 open fracture about her distal ulna with a laceration approximately 4 cm in length. There was bone exposed through the wound with periosteal stripping. The wound was lengthened both proximally and distally. The ulnar artery and ulnar nerve were explored.

The ulnar artery and nerve were found to be tented over the forearm fascia. Fasciotomy was carried out and the patient's pulse returned. Once this was performed, a formal irrigation and debridement was carried out for her open fracture.

Utilizing a pulse lavage, the area was irrigated using 9,000 cc of Saline. All necrotic tissue was removed. The exposed bone was curetted. Once this was done the wrist track was applied. Two pins were placed into the index metacarpal in the appropriate position. A small incision was made over the radial shaft. Subcutaneous tissues divided in the same plane. Care was taken to preserve the superficial branch of the radial nerve. The radius was exposed and two pins were placed in the radius in the appropriate position.

The external fixture device was applied. Manipulation and distraction was performed and visualized with C-arm. There was adequate reduction and stabilization of the fracture. The patient had a segmental radial fracture that will need further surgery in the future. The patient was unstable on the Operating Room Table and therefore, it was decided that we would stop this procedure at this time.

The fracture was stable with the external fixture in place and the wound has been washed out. The hand was now pink and the ulnar artery was patent. The wound was left open. Xeroform was applied to the wounds followed by 4 x 4's, Kerlix and ACE Bandage.

The patient tolerated procedure well and was taken to Intensive Care Unit in guarded condition. All needle, sponge and instrument counts were correct at the end of the procedure.

DD: 96
DT: 96

REPORT OF OPERATION

ORIGINAL

F 98 Y

/96

CONSULTATION REQUEST

TO CONSULTING: _____ ☐ Consultation ☐ Consult & Manage

REASON FOR CONSULTATION: _____

FROM ATTENDING: _____ Date 1/96 Time _____

Patient Authorization


I consent to the consultation by

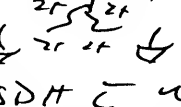
Dr. _____

Notification of Physician

- ☐ Spoke to Dr. Directly
- ☐ Left message with answering service
- ☐ Left message with office staff or home

Patient Signature	Date	Time	Name-Notified by	Date	Time
-------------------	------	------	------------------	------	------

98 Y.O. C9 P MWA C severe closed head injury & (SDH) hemiparesis. spontaneously and to voice questions
Vitals - opens eyes spontaneously + to voice, answers questions + cooperative, OX2 (Baseline Baseline).
pupils small
- pupils small + react, EOM full, RT symmetric
tongue midline
- sensory can't. RUE - weak, Fx R hand
- sensory - can't. RUE - weak, Fx R hand
ischemic appeared mottled swollen
- power? BLE power?
- power - LUE, BLE, good power
- DTR  Bilateral lower Extremities

- ① hemispheric  - mild mass effect only
- ② hemispheric SDH - mild mass effect only
- ③ frontal miniscule contusion
- ④ old WA - tumor @ B6 Basal Ganglion

Tip - 6cs 14-15. - SDH Acute
Recommendations long discussion with husband? If SDH Acute 9 is size morbidity up
age such that craniotomy will only lead to signif. morbidity surgery
morbidity, in fact doubt it would tolerate large invasive surgery.
1/96 6:45 PM

SIGNATURE OF CONSULTANT	DATE	TIME
999073		

CN2

F 98 Y

CONSULTATION REPORT

TO CONSULTING: [REDACTED] FAN DR NO FAMILY DOCTOR, NO
REASON FOR CONSULTATION: SDH.
FROM ATTENDING: [REDACTED] Date _____ Time _____

Patient Authorization

I consent to the consultation by

Dr. _____

Notification of Physician

- ☐ Spoke to Dr. Directly
- ☐ Left message with answering service
- ☐ Left message with office staff or home

Patient Signature _____ Date _____ Time _____ Name-Notified by _____ Date _____ Time _____

ultimately if it ? weeks
resolves or if ultimately, if it resolves in weeks
SDH may be reasonable In meantime I
ahead trying to maybe reasonable. In meantime I
agree to no heroic + would consider craniotomy very
heroic advanced age (78 y.o.) + Dementia
heroic indeed given it advanced age (78 y.o.) + Dementia
Rec. 1) no heroic if severe neurologic decline (or systemic)
CT head A.M.
2) Repeat CT head in AM.
3) Neuro ✓ Q 10-20
every

SIGNATURE OF CONSULTANT
aaa72

DATE

TIME

196 : 6 45 PM

HISTORY & PHYSICAL EXAM ADMISSION NOTE

This form may also be used as a guide for dictation.

STAFF AT ALL
This form to be completed by the physician.

Patient's Name _____

Age 98 Sex F Date 196 Time 12:35 PM Surgeon _____

Chief Complaint MVA: Pt. was a belted passenger of a minivan.

History of Chief Complaint It was a belted passenger of a minivan traveling ~50mph ran into rear of another vehicle. Airbags deployed

Allergy/Adverse Drug Reactions Sulfa

Medications Diltropam 5mg i P.O. BID, Isorbide 30 mg 1/2 P.O. BID
Lorazepam 1mg qhs.

Past Medical History MI, Dementia

Past Surgical History Appendectomy, Bk cataract, Hernia, Cholecystectomy
varicose stripping, (Deer) SX. Shield placed behind
(Deer) ~10 yrs ago. ?

Directions: Circle any positives and explain. (If entire section is negative, write "N")

SOCIAL HISTORY

Alcohol _____ Drug Abuse _____
Tobacco _____ Diet _____

FAMILY HISTORY

Tuberculosis	Nervous or Mental
Diabetes	Anemia/Sickle Cell
Cancer	Gallstones
Nephritis	Kidney Stones
Hypertension	Ulcer
Heart Troubles	Goiter

SYSTEM REVIEW

1. GENERAL:

Appetite	Fever	Adenopathy
Weakness	Chills	Edema
Fatigue	Diaphoresis	Injuries
Weight Loss	Lightheadedness	Other

2. ENDOCRINE/METABOLIC:

Hot Cold Intolerance		Lipid Disorders
Goiter	Diabetes	Changes in
Irradiation Exposure		Physical Features

3. HEMATOLOGIC:

Anemic	Transfusions	Bleeding
Leukemia		Bruising

Sx: Pt. from Ontario lives husband
Tob: quit over 20 yrs ago.
Alc: 1 oz brandy / night.

PM Hx: Father ?
Mother DM
2 sisters
7 Brothers, Ca, MI.

Endo: X

Heme: ?

Circle any positives and explain.

PHYSICAL EXAM

BP 144/78 Pulse 88 Ht. _____

Temp. 97.5 R: ID Wt. _____

1. GENERAL DESCRIPTION:

Habitus _____ Pallor _____
Facies _____ Cyanosis _____
Deformities _____ Jaundice _____
Acute or _____ Clubbing _____
Chronically III Edema _____

2. INTEGUMENT:

Skin _____ Nails _____
Hair _____ Scars _____

3. HEAD & NECK:

Eye _____ Tongue _____ Fungus _____
Tonsils _____ Ears _____ Pharynx _____
Nose _____ Thyroid _____ Oral Cavity _____
Trachea _____ Teeth _____

4. LYMPH NODES:

Cervical _____ Epitrochlear _____ Occipital _____
Inguinal _____ Supraclavicular _____ Popliteal _____
Axillary _____

5. BREASTS:

Mass _____ Nipple Retraction _____
Tenderness _____ Gynecomastia _____
Discharge _____

6. CHEST:

Deformities _____ Fremitus _____
Tenderness _____ Breath Sounds _____
Expansion _____ Crackles _____
Diaphragm _____ Rhonchi _____
Dullness _____ Ribs _____ Resonance _____

7. HEART:

PMI: Location, character _____
Dysrhythmia _____ Sounds _____
JVP/HJR _____ Murmurs _____
Heave/Thrust _____ Rub _____
Enlarged _____ Click _____
Thrill _____ Other _____

8. PERIPHERAL VASCULAR:

Absent pulses _____ Stasis _____
Bruits _____ Varicosities _____
Inflammation _____ Other _____
Capillary Filling _____

9. ABDOMEN:

Bowel Sounds _____ Masses _____
Bruit _____ Liver _____
Ascites _____ Spleen _____
Tenderness _____ Kidney _____
Aneurysm _____ Hernia _____

10. NEUROLOGIC:

Mental Status _____ Sensory _____
Speech _____ Gait _____
Cranial Nerves _____ Tremor _____
Motor Function _____ Reflexes _____
Involuntary _____ Fasciculations _____
Movements _____

11. GENITILIA:

Vulva _____ Adenxa _____ Urethra _____
Penis _____ Vagina _____ Scrotum _____
Cervix _____ Testicles _____ Fundus _____
Hernia _____

Date of last pelvic _____

Gen: Pt. is a 98 y/o w/d, A, A+O, Pt. was cooperative & in good spirits.

Skin: warm & dry, good color & turgor

HEENT: NC, COMI, PERL & small pupils, TMJ & erythema or edema, Neck: Soft, Dupple & masses, trachea midline Tharynx: & erythema, tongue leather in texture & mult. oral labial contusions, tongue midline.

Lymph: &

Breasts: &

Chest: Symmetrical, CTA B/L

Hrt: RRR & G/K/E

Periph: & C/K/E, +2/4 pulses = B/L
(R) UE & Bandage & Susp. @ Bed Side
Abd: Soft, N.T, (+) BS, & masses
& G/K/E

Neuro: CN II & XII grossly intact.
Opth. reflexes elicited -
(+) DTR = B/L

Genitalia: WNL for age.

REPORT OF CONSULTATION

NAME: [REDACTED]

MED. REC. NUMBER: [REDACTED]

DATE OF CONSULTATION: [REDACTED]/96

ATTENDING PHYSICIAN:

CONSULTATION PHYSICIAN: [REDACTED]

[REDACTED] is a 98-year-old white female who is admitted to [REDACTED] after being in a motor vehicle accident. Apparently she was in a mini van and rear-ended another vehicle traveling at a high rate of speed. Airbags were deployed. The patient did not have loss of consciousness. She had complained of pain throughout her right anterior chest, wrist, and shoulder. She was brought to the hospital where CT scan was performed which showed a right subdural hematoma. Her past medical history is positive for heart attack and dementia. Her allergies are to Sulfa. Her surgical history is positive for appendectomy, bilateral cataracts, hernia, and cholecystectomy. Medications are Ditropan 5 mg b.i.d., Isosorbide 1/2 tab b.i.d., and Lorazepam 1 mg h.s. nightly. Review of systems - the patient does state that she has a lot of chest pain at home. Some of this appears to be structural, some of it may be coronary. She denies chronic cough, sputum production, or shortness of breath. Gastrointestinal - she states her appetite has been good. Neurologic - she does have a right subdural but seems alert and oriented.

Physical exam at this time revealed a 98-year-old white female in a moderate degree of distress. The patient appears oriented and responds appropriately to questioning. Height estimated at 5'4", weight estimated at 126. Blood pressure was 140/80, pulse 80, respirations 18, temperature is afebrile. Overall appearance is that of a cachectic white female. There was bruising over the right lip, below the right eye, and on the right forehead. The pupils were equal and reactive. Patient was edentulous. There was a presence of a nasogastric tube present. The neck revealed no adenopathy or thyromegaly. Heart was regular rate and rhythm with significant outflow tract murmur heard. Carotid upstrokes were equal bilaterally. The lungs were clear to auscultation. The chest is tender to palpation over the anterior sternum. The abdomen revealed a well healed midline scar. Bowel sounds are normal. No masses or tenderness was felt. The extremities showed the presence of a cast over the right wrist from open reduction and internal fixation of the radius and ulna. The distal extremities were unremarkable. There's adequate range of motion. Neurologic pupils are equal and reactive. Facial fields were apparently full.

REPORT OF CONSULTATION

CN3

ORIGINAL

PA

2

The patient did have range of motion of both lower extremities as well as the upper extremity.

Electrolytes were essentially normal. BUN 21, creatinine 0.8. Hemoglobin and hematocrit 13.7 and 39.5. Coags unremarkable. As mentioned, there was a fracture of the right distal ulna and a comminuted fracture of the distal right radius. A CT scan did show a subdural.

IMPRESSIONS:

1. Status post motor vehicle accident with right subdural hematoma--stable.
2. Status post open reduction and internal fixation of comminuted fracture of the radius and ulna.
3. Coronary artery disease by history.
4. Mild dementia by history.
5. Anterior chest pain, probably thoracic trauma. Rule out myocardial contusion.

PLAN:

1. Watch for evidence of myocardial contusion with changes in rhythm, ST segments.
2. Agree with serial CPKs to follow this.
3. If pulse pressure narrows, could get echocardiogram to make sure she's had no pericardial contusion.
4. Follow subdural as you are doing with serial CT scans.
5. The patient has already been seen by Dr. Schlager who recommended conservative therapy.
6. Agree with Nitrol paste.
7. Recommend subq Heparin to prevent deep venous thrombosis.

CONDITION: Stable.

PROGNOSIS: Guarded.

DD: /96

DT: /96

#

CC:

REPORT OF CONSULTATION

ORIGINAL

PA

DISCHARGE SUMMARY

NAME:

MED. REC. NUMBER:

ADMISSION DATE: /96

DISCHARGE DATE: /96 AT 1200 HOURS

NEUROSURGEON: , M.D. Neurosurgery Group of

ADMISSION DIAGNOSIS: 1. Status post motor vehicle accident.
2. Subdural hematoma.
3. Comminuted open fracture right wrist.
4. Multiple contusions.

DISCHARGE DIAGNOSIS: 1. Brain stem herniation.
2. Right subdural hematoma.
3. Open comminuted fracture of right wrist.

DISCHARGE DISPOSITION: The patient is discharged to the morgue.

HISTORY: This 98 year old female was travelling north on with her husband on her way back to Canada from Florida. They were travelling approximately 50 an hour when the traffic came to a dead stop in front of them. The husband states that he slammed on his brakes but was unable to stop. He subsequently rear ended another vehicle. The patient was a belted passenger of the mini van. This mini van did have bilateral air bags which both deployed. The husband states that the patient had no loss of consciousness.

The patient, on examination was in a severe degree of distress secondary to the pain of the wrist fracture, was confused but, by history she does have some degree of dementia and it was uncertain whether this confusion was secondary to a head injury or due to the previous baseline. She was unable to recall the accident. She denies any dizziness or blurred vision at the time of the examination. She, by history, was extricated from the car by Basic Life Support and was transferred to . The patient was evaluated in conjunction with the Emergency Room staff.

A cervical spine film was obtained which showed marked degenerative changes but no evidence of fracture. Further cervical spine series, including lateral, open mouth, flexion and extension views showed no signs fracture. The right forearm and hand X-rays were also obtained which showed comminuted fracture of the distal radius and ulnar shaft and no fracture to the hand.

DISCHARGE SUMMARY

ORIGINAL

DS

Chest X-ray revealed chest and pelvis to be clear on X-ray examination.

Her vital signs remained stable during the time in the Emergency Room. Her mental status - she was awake, alert and conversant. Allergies to SULFA. Past medical history of heart attack and dementia. Past surgical history: Appendectomy, bilateral cataracts, hernia and a cholecystectomy. Medications: She is on Ditropan, Isosorbide, Lorazepam and Ibuprofen.

A CT scan of the head, abdomen and pelvis was also obtained in the Emergency Room. CT of the head reveals a frontal contusion and a right sided subdural hematoma. The CT scan of the abdomen and pelvis was essentially benign.

At this time a neurosurgery consult was obtained and [REDACTED] was called and he came and assessed the patient in the Emergency Room. In reviewing the CT scan with him and the patient's condition, he thought at this time that no heroic measures were necessary secondary to the patient's age and poor outcome and mortality that craniotomy would have for this patient. He did recommend that we continue neurological checks and do a repeat CT scan in the morning.

She was taken to the Operating Room that evening by Orthopedics for debridement and external fixation of the right wrist, which she tolerated well.

HOSPITAL COURSE: After surgery she was moved to the Intensive Care Unit for continued monitoring and continued neurological checks. The patient, the next morning, was doing well, in fact she was somewhat more alert than she was the day of the accident. A repeat CT scan was obtained which did show improvement of the subdural hematoma. She continued to progress well throughout the day. Last evening, though, the patient did develop a hypertensive episode which was managed with Procardia with some response. Immediately, though, after the episode the patient began to exhibit signs of neurologic deterioration. Her pupils became fixed and dilated. She began to decerebrate posture and began to have an up going Babinski sign. Throughout that day and into the morning, she continued in this status. Approximately 11 a.m. this morning the patient began to bradycardia. She eventually bradied down and became asystolic with the time of death being 11:21 a.m. this morning.

Due to her history, we feel that the cause of death is secondary to a brain stem herniation due to an enlargement of this hematoma.

Dictated by: [REDACTED]

DD: [REDACTED] 96

DT: [REDACTED] 96

#

CC:

ORIGINAL

DISCHARGE SUMMARY

PENNSYLVANIA

FILE NO.

MR. NO.

DOB /97

NONE D

IP

CCU

1430

EXAMINATION OF	DATE OF EXAM /96	
	SERVICE IN OR RIGHT WRIST	
	HISTORY: EXTERNAL FIXATION	

*Right Wrist:

Fluoroscopy and spot film examination was performed during the external fixation of the previously noted comminuted fracture involving the distal radius and ulna. The overall alignment appears to be restored with these films although slight foreshortening is noted. There is diffuse soft tissue swelling about the distal forearm as well as an external fixation device noted.

Impression: 1. Utilizing of fluoroscopy and spot film during the external fixation of a comminuted fracture of the distal radius and ulna.

49:11

PENNSYLVANIA

FILE NO.

MR. NO.

DOB 197

NONE D

1996

ER

ER2

1430

EXAMINATION OF	DATE OF EXAM	7/96
	EXAM AT BEDSIDE CERVICAL SPINE - LATERAL ONLY HAND FOREARM RIGHT	
	HISTORY: MVA	

***Right Hand and Forearm**

Studies of the mid and distal forearm and right hand were secured in anterior and lateral projection through a metal splint. Examination reveals the presence of a comminuted fracture involving the distal radial and ulnar shafts. There is marked impaction and foreshortening of the fracture involving the distal radius. There is displacement and marked dorsal angulation of the fracture involving the distal ulnar shaft. The ulnar articulation was disrupted. The proximal forearm was not visualized.

The evaluation of the right hand was secured and reveal any gross evidence of fracture. Marked arthrosis was noted of the base of the first metacarpal greater multangular articulation.

- Impression:
1. Comminuted fracture involving the distal radial and ulnar shafts with dorsal angulation of the ulnar fracture and disruption of the ulnar carpal articulation.
 2. Impaction of the radial fracture.
 3. No gross evidence of fracture involving the hand although the exam was extremely limited.

***Bedside Lateral Cervical Spine**

A bedside lateral cervical spine was secured on 7/96 at 1300 hours. Examination fails to reveal any evidence of fracture or dislocation. Marked degenerative alterations were noted-of the mid and lower cervical spine in terms of narrowing of the interarticular spaces and degenerative spondylotic lipping occurring across the vertebral margins.

- Impression:
1. Negative for fracture or dislocation.
 2. Degenerative spondylosis involving the mid and lower cervical spine.

Thank you very much for referring this patient to us.

PENNSYLVANIA

FILE NO.

MR. NO.

DOB 97

NONE D

96

ER

ER9 1430

EXAMINATION OF	DATE OF EXAM	
	/96	
	BEDSIDE CHEST	
HISTORY: MVA		

*Bedside Chest

One anterior semi-erect film was secured of the thorax on a portable basis at 1500 hours. There is an NG tube noted with the tip being below the diaphragm and in the stomach. There are clips at the EG junction compatible with previous surgery. Atherosclerosis is noted of the aorta which is tortuous. The cardiac silhouette and diaphragms are preserved. No infiltrate or congestion is seen. The hila are normal. Diffuse demineralization of the osseous structures is seen. Degenerative alterations involving the dorsal spine is noted.

Impression:

1. No active pulmonary pathology.
2. NG tube within the stomach.
3. Atherosclerotic vascular disease.

Thank you very much for referring this patient to us.

FILE NO.

MR. NO.

DOB /97

EMERGENCY R

ER

1430

Pennsylvania

DATE /96

EXAMINATION OF

CT HEAD UNENHANCED

CT CERVICAL SPINE UNENHANCED

CT ABDOMEN

UNENHANCED/ENHANCED

CT PELVIS ENHANCED

HISTORY: MVA

CT#

CT Scan of the Head

History: A 90-year old female status post MVA.

Procedure: A noncontrast CT scan of the head was performed with additional subdural window settings and bone window settings.

Findings: There is a crescent-shaped hyperdensity noted overlying the right frontal/parietal/temporal lobe compatible with a small subdural hematoma. There is a focal hypodensity at the corticomedullary junction on the right side in the frontal lobe near the vertex which is probably representative of a shear injury. There is a hypodensity noted within the right basal ganglion anteriorly which is probably an old infarct. Furthermore, there is a less than 1 cm. hyperdensity noted adjacent to the right middle cerebral artery which is probably a small aneurysm. An MRI would be helpful for further evaluation. There is overall prominence of the CSF containing spaces compatible with a cerebral and cerebellar atrophy. There is diffuse brain edema on the right side with effacement of the sulci on the right side with minimal mass effect with the right ventricular system being smaller than the left. There is no depressed skull fracture identified.

Impression:

1. Small right-sided subdural hematoma with diffuse brain edema on the right side with asymmetry of the ventricular system as noted above.
2. Suspect small aneurysm of the right middle cerebral artery.

FILE NO.

MR. NO.

DOB [REDACTED]/97

EMERGENCY R

ER

DATE OF [REDACTED]/96

EXAMINATION OF

*Page 2

3. Shear injury, right frontal lobe near the vertex.
4. Probable old infarct in the right basal ganglion.
5. Cerebral and cerebellar atrophy.

*CT Scan of the Abdomen and Pelvis

History: As above.

Procedure: A noncontrast and a contrast CT scan of the abdomen and pelvis was performed. The contrast study utilized 100 ml. of Optiray 320. Additional bone windows were secured of the pelvis as well as lung window bases.

Findings: There is a dilated common bile duct noted measuring up to 1 cm. in size. The patient has had a prior cholecystectomy and clips are seen in the gallbladder fossa. There are dilated central hepatic ducts noted. A common bile duct lesion cannot be excluded and the patient may need an ERCP for further evaluation. No definite evidence of pancreatic head mass is seen and the pancreas appears to be small and atrophic. There is no evidence of major organ injury, free fluid, basilar pneumothorax, or grossly displaced pelvic fracture. Both kidneys demonstrate satisfactory excretion of the contrast material with the bladder being normal. There is a small hypodensity within the inferolateral pole of the left kidney which is probably representative of a small cortical cyst, otherwise no masses are identified in either kidney. No retroperitoneal pelvic lymphadenopathy is seen. No

FILE NO.

MR. NO.

DOB 197

EMERGENCY R

96

ER

Pennsylvania

DATE 7/96

EXAMINATION OF

*Page 3

basilar pneumothorax is seen. The visualized portion of the large and small bowel are normal, the colon is incompletely filled on this examination. The abdominal aorta demonstrates atherosclerosis and ectasia proximally with marked tortuosity. An NG tube is noted within the stomach. Calcification is noted of the coronary arteries compatible with coronary artery disease.

Lucencies are seen within the left femoral neck into the lesser trochanter as well as the right hip. This may be due to the overall demineralization although underlying occult metastasis cannot be excluded and a bone scan would be helpful for further evaluation.

Impression:

1. No evidence of major organ injury, free fluid, basilar pneumothorax, or grossly displaced pelvic fracture.
2. Dilated common bile duct and central hepatic ducts. An underlying common bile duct lesion cannot be excluded and the patient may need an ERCP for further evaluation.
3. Status post cholecystectomy.
4. Lucencies within the hips bilaterally which may be due to the overall demineralization although a bone scan is recommended to exclude the possibility of an occult metastasis.

*CT Scan of the C1-2

History: As above.

Procedure: A noncontrast CT scan of the cervical spine was performed from the base of the skull through C2. Bone and soft tissue windows were obtained.

FILE NO. [REDACTED]
MR. NO. [REDACTED] 96
DOB [REDACTED] 97
EMERGENCY R

ER

EXAMINATION OF	DATE OF [REDACTED] 96
	*Page 4

Findings: There is no evidence of fracture, subluxation, or destructive osseous pathology. The perivertebral soft tissues are preserved. Incidentally noted is an NG tube. There is calcification of the transverse longitudinal ligament behind the dens compatible with low-grade degenerative alteration.

Impression: 1. Negative for fracture of C1 or C2.

Thank you very much for referring this patient to us.

PENNSYLVANIA

FILE NO.

MR. NO.

DOB 197

NONE D

ER

ER2

7430

EXAMINATION OF	DATE OF EXAM				
	96				
	CERVICAL SPINE-ROUTINE	PELVIS - LIMITED	RIGHT ELBOW	HAND	
HISTORY:		MVA			

*Pelvis

One view of the pelvis was secured. Demineralization of the osseous structures is seen. No grossly displaced fracture is noted. There is oral contrast noted within the small bowel which limits this examination. Atherosclerosis is noted. Degenerative alterations involving the pubic symphysis is noted as well as the lower lumbar spine.

Impression: 1. Negative for grossly displaced fracture of the pelvis.

*Cervical Spine

AP, lateral, both oblique views, an attempted open-mouth view were secured of the cervical spine. The lateral view is not a true lateral view. There is a diffuse decrease in disc space at C3-4, 4-5, 5-6, 6-7 and C7-T1. Diffuse degenerative osteoarthritis is noted. In the right oblique study the intervertebral foramina are not significantly narrowed. The foramina are not well seen in the left oblique view. The trachea is in the midline. The lateral masses are not displaced and the tip of the dens is not seen although appears to be normal in the lateral view. The retrotracheal and retropharyngeal soft tissues are preserved. The trachea is not displaced of the midline. An NG tube is noted in the midline. Atherosclerosis is noted of both carotid artery bifurcations. Grossly there is no displaced fracture or malalignment.

Impression: 1. No gross fracture or malalignment. There is poor visualization of the dens and C1, recommend a CT scan.

PENNSYLVANIA

FILE NO.

MR. NO.

DOB 7/97

NONE D

7/96

ER

ER2

EXAMINATION OF	DATE OF EXAM 7/96	
	*Page 2	

2. Diffuse demineralization with degenerative alterations.
3. Decreased disc spaces at C3-4, 4-5, 5-6, 6-7, and C7-T1.
4. NG tube in the midline.

*Right Elbow and Hand

Limited views of the right forearm, wrist, and hand were obtained. There is a comminuted fracture with displacement and extension into the articular surface of the distal radius and ulna. There is severe degenerative alteration involving the first metacarpal phalangeal joint and a small avulsion fracture cannot be excluded laterally of the proximal first metacarpal. When the patient's condition permits, better views are recommended of the wrist and hand. There is diffuse demineralization of the osseous structures. There is overlying artifact representative of a splint.

- Impression:
1. Comminuted fracture of the distal radius and ulna with extension into the articular surface.
 2. Questionable small avulsion fracture of the proximal lateral aspect of the first metacarpal with marked degenerative alterations involving the first metacarpal phalangeal joint. Further views are recommended when the patient's condition permits.
 3. Diffuse demineralization of the osseous structures with diffuse soft tissue swelling about the wrist and distal forearm.

FILE NO.

MR. NO.

DOB 1/97

HASH C

96

IP

Disc

Practice Limited to Radiology and Nuclear Medicine

EXAMINATION OF	DATE 1/96
	CT HEAD UNENHANCED/ENHANCED
	HISTORY: MVA CT#

*CT Scan of the Head

This is a CT scan of the head with and without contrast enhancement. This is a follow for head trauma with previous study being performed on . The examination reveals the ventricles to be top normal to borderline in size with some asymmetry of the right frontal horn which is smaller than the left. There is mild mass effect upon the frontal horn. There is a hyperdense area in the frontal lobe at the corticomedullary junction and a subdural hematoma is noted laterally at the frontal and parietal zone on the right. The change at the corticomedullary junction is probably post traumatic contusion or shearing injury. There is a very small amount of hyperdense change in the posterior horn of the left lateral ventricle and whether this represents overlapping or tissue or possibly a small amount of hemorrhage is difficult to differentiate. It is suspected to be the latter. This is not identified on prior study. With contrast enhancement and without contrast enhancement the area around the sella turcica was evaluated and a definite aneurysm is not identified. It is questioned whether this was the sella on prior examination. Nevertheless, if there is strong suspicion for an aneurysm, of course MRI should be obtained. There is change at the level of the tentorium and whether this is due to staining from hemorrhage or tentorial prominence is difficult to differentiate, it is not seen in the subdural settings and therefore there is a lower probability of hemorrhage.

Impression: 1. Top normal ventricles with mild mass effect on the frontal horn on the right with hypodense change at that level at the corticomedullary junction indicating probably contusion with a possible shearing injury. There is a subdural hematoma laterally at the right side at the frontoparietal lobe. This is compared to prior examination and is decreasing in size.

[REDACTED]

Pennsylvania

FILE NO. [REDACTED]
MR. NO. [REDACTED]
DOB [REDACTED] / 97
HASH C

IP

EXAMINATION OF	DATE [REDACTED] / 96
	*Page 2

2. Hyperdense area at the posterior aspect of the left lateral ventricle and a small amount of hemorrhage into the ventricle may be present.
 3. No definite aneurysm identified at this time.
- [REDACTED] was informed of the results.

[REDACTED]

[REDACTED]

**CORONER'S REPORT
AND
CERTIFICATE OF DEATH**

DEATH INVESTIGATION FORM

CORONER'S OFFICE
PENNSYLVANIA

CASE NO. [REDACTED]

(To be filled in by coroner)

Death certificate issued by deputy:

☐ Yes ☒ No

Deputy: Dr. [REDACTED]

Name of deceased (first) (middle) (last) Date 19 96

Sex ☐ M ☒ F Color or race ☒ W ☐ N ☐ Other ☒ Married ☐ Never Married ☐ Widowed ☐ Divorced

Mileage: end _____

Call Rec'd at 11:40 A.M. Left for scene at 12:00 P.M. Arrived at 12:25 P.M. 1 way trip 4

Place trip started office Reason for delay, if any _____

Location of death: if outside city or town _____ miles ☐ North; ☐ South; ☐ East; ☐ West of _____ Nearest City/Town _____

On Route No. _____
(U.S. Penna. or Legislative Route Number. Describe location as accurately as possible.)

Place of death, or place where body was found _____ City, Borough or Town _____

Street address or location _____ Length of stay, if known _____

Telephone No. _____

Name and address of hospital or institution, if applicable (DOA? ☐ Yes ☐ No) _____

Usual Residence (where deceased lived. If institution, residence before admission) State Canada County _____

City, Borough or Township _____ Street address or location _____

Is residence inside Municipality Limits? ☐ Yes ☐ No; Is Residence on a Farm? ☐ Yes ☐ No

If accident, weather and condition of road, etc. _____

Person calling deputy _____ Address _____ Phone _____

Relationship: ☐ Police ☐ Friend ☐ Neighbor ☐ Relative (_____)

☐ Hospital ☒ Physician ☐ Funeral Director ☒ Other (_____)

Body found by ambulance personnel Time 11:40 A.M. ☒ P.M.

Address _____ Phone _____

Where passenger seat How and Why needed med. care

Body moved or touched ☒ Yes ☐ No, If so, by whom _____

On whose authority? theirs Movement made _____

Deceased last seen alive 19 96 At 11:30 A.M. ☐ P.M. Where in kitchen

By _____ Phone _____

Under what circumstances expired

Last physician to attend deceased Dr. _____ At 11:30 A.M. ☒ P.M. 19 96

Deceased's regular physician ☒ Same ☐ none ☐ other (Dr. _____)

Address ☐ same; other _____

Full Name of Spouse _____

Address ☒ same; other _____

Father's Name _____ Mother's maiden name _____

Usual occupation (even if retired) _____ Social Security No. _____

Birthplace (Also give state or foreign country): Canada Citizen of what country? ☒ USA; other _____

PMH (source of data _____): _____

History of past 24 hrs. (last 3 meals, medicines, fluids, vomitus, unusual odors, alcohol intake, suicide threats &/or notes, etc.):

PE of body (regular general exam, with special attention to livores mortis, rigor mortis, position of body, unusual marks, etc. Please make sketches, if applicable) and one CPU stopped at the rear

Police officer(s) Investigating] None): _____

Address & department _____

Pronounced dead by Dr. [REDACTED] at [REDACTED] A.M. [] P.M. [REDACTED] 19 [REDACTED]

Estimated time of death (if different from above) _____ [] A.M. [] P.M. _____ 19____

Responsible person notified of death] Not necessary _____ present): _____

Address _____ Phone _____

By whom _____ By ☐ Telegram ☐ Phone ☐ Verbal ☐ Letter

When _____, 19____, _____ [] A.M. [] P.M.

Witnesses' Statements (please list each by number, name, address and phone. When possible, have each sign his statement.)

MEDICAL CERTIFICATION

Cause of Death [Enter only one cause per line for (a), (b), (c)]

Interval Between
Onset and Death

Part I. Death was caused by: Subdural Hematoma by hypertension
Immediate cause (a) Complicated by hypertension

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last:

Due to (b) Passenger in motor vehicle accident
Due to (c) _____
Due to (d) _____

Part II. Other Significant Conditions [contributing to death but not related to the terminal disease given in Part I (a)]

Was autopsy performed? [] Yes ☒ No

Tentative autopsy &/or lab report _____

☒ Accident [] Suicide [] Homicide Describe how injury occurred Passenger in MVA

Time of Injury 1205 [] A.M. ☒ P.M. Date [REDACTED] 19 96

Injury occurred: [] While at work ☒ Not while at work

Place of Injury (e.g., home, farm, factory, street, etc.) [REDACTED]

City, Borough, Township [REDACTED]

County [REDACTED]

State Pa

[] Burial ☒ Cremation [] Removal Date 1996 Name of cemetery or crematory [REDACTED]

Address [REDACTED]

Funeral Director [REDACTED]

Address [REDACTED]

Photographer [REDACTED] Called by [REDACTED] at [REDACTED] [] A.M. [] P.M.

MILEAGE (actual)

Date	From	To	Reason	Round Trip Mileage

[REMAINDER OF EXPENSE ACCOUNT IS ON LAST PAGE]

(Fold & tear along this line.)

RELEASE OF VALUABLES

This certificate must accompany the complete release of valuables. This certificate is to be placed in the envelope along with the valuables and removed only at the time of their release. It is then to be returned to the coroner.)

VALUABLES FOUND WITH THE DECEASED (See list on last page of Death Investigation Form)

I certify that, I, _____, bearing the relationship of _____
to _____, have received all of the articles found with the deceased in
good condition and that I accept full responsibility thereof

Date _____ 19 _____

Signature _____

Witness _____

TRAFFIC ACCIDENT

Woman dies two days later

Two days after she was injured in a traffic accident, a 98-year-old woman died under hospital medical care.

One [redacted] and her husband, [redacted], were on their way from Florida to their home in [redacted] Canada, police reported.

Construction closed one lane of [redacted] near [redacted] in [redacted]. As traffic stopped, the car [redacted] was driving rear-ended a car driven by [redacted] N.J., police said. The accident occurred at 12:05 p.m.

[redacted] was taken to [redacted] where she was treated for head injuries. Coroner [redacted] said [redacted] died of bleeding inside her skull at 11:20 a.m.

No charges will be filed in the case, police said.

Wallet (list currency) _____

FRAIL VICTIM

Airbag kills woman

A deployed airbag played a role in the death of a "very frail" 98-year-old accident victim, the coroner said.

[redacted] died in [redacted] two days after the accident on [redacted]. She died from bleeding inside her skull, Coroner [redacted] said.

She and her husband, [redacted], were on their way from Florida to their home in [redacted] Canada. As traffic stopped for construction near [redacted] the car [redacted] was

him.

No charges will be filed in the case, troopers said.

number) TELEPHONE & TELEGRAPH

To _____

Reason _____

OTHER (Postage, etc.) _____

for accounting of expenses incurred by me (us) in the investigation of the named deceased's

Coroner or Deputy

VALUABLES SHEET

list all items separately. No need to fill out if responsible person is present. Have such person sign to rest of report.)

Valuables found with the body of the deceased at the time of my examination. The person(s) noted _____
ing of these valuables _____

Coroner or Deputy

Phone _____

claimed _____